

## DOCTOR OF PHILOSOPHY

**The experiences of United Kingdom (UK) very tall and extremely tall young adults in relation to managing everyday occupations and well-being**

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**The experiences of United Kingdom  
(UK) very tall and extremely tall young  
adults in relation to managing  
everyday occupations and well-being**

**Julie Booth**

**PhD**

**August 2021**



# **The experiences of United Kingdom (UK) very tall and extremely tall young adults in relation to managing everyday occupations and well-being**

**By**

**Julie Booth**

**August 2021**



***A thesis submitted in partial fulfilment of the University's requirements for the Degree  
of Doctor of Philosophy***



## **Certificate of Ethical Approval**

Applicant:

Julie Booth

Project Title:

The experiences of United Kingdom (UK) very tall young adults in relation to managing every-day occupations, and well-being. A pilot Study

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

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## **Certificate of Ethical Approval**

Applicant:

Julie Booth

Project Title:

"Height matters". The experiences of UK young adults with a height of two metres or above, in relation to managing everyday life and well-being.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

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# Abstract

*Aim:* The overall aim of the study has been to gain the experiences of managing everyday occupations and well-being of young United Kingdom (UK) adults who have a very tall and extremely tall stature.

*Background:* Tall stature in Western society is generally perceived to be connected to power, authority and success in work and social environments, with previous quantitative research reinforcing this positive stereotypical societal view. However, surveys relating to satisfaction with body height, indicate that those on the highest percentiles, shown some concern in relation to fitting into everyday life. Exploration into the lives of tall people is lacking from a qualitative perspective, with existing published research from America focusing on social dynamics of young female tall college students. The present phenomenological study is innovative, offering a unique consideration of how UK young very tall and extremely tall adults, both male and female, manage their everyday occupations and well-being.

*Methodology and methods:* An interpretive phenomenological analysis approach was adopted to gain and analyse deep rich data from a purposive sample, in order to address the qualitative research enquiry. Fourteen participants engaged in an individual interview over two phases of the study.

*Findings:* Five super-ordinate themes were uncovered in each phase of the study addressing the phenomenon of tallness in everyday life. Living in a world designed for the average height person required compromise of posture and adaptation within occupations, to enable the participants to engage in their social and physical environments. Tallness and stereotypical societal expectations surrounding tall stature, influenced occupational choice, which in turn informed identity. Strategies uncovered for managing everyday life and to assist with acceptance of diversity of height, included playing to the strengths of tallness, and the support of the Tall Zone. The study participants experienced a mixture of positive and challenging experiences, which in turn influenced physical, social, psychological and financial well-being.

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# Contents

Abstract.....	i
Acknowledgments .....	ii
Chapter 1: Introduction .....	1
1.1 Consideration of key constructs within the study .....	1
1.1.1 Tall Stature .....	1
1.1.2 Young Adults.....	3
1.1.3 Occupation in Everyday Life .....	4
1.1.4 Well-being.....	5
1.2 Rationale for the study: .....	7
1.3 Professional Context.....	9
1.4 The Insider Perspective of the Researcher .....	9
1.5 Research Question .....	11
1.5.1 Aims .....	11
1.6 The Structure of the Thesis .....	12
Chapter 2: Literature Review .....	13
2.1 Introduction.....	13
2.2 The Contextual Review .....	14
2.2.1 Tallness and the Built Environment .....	15
2.2.2 Tall stature, Society and the Social Environment .....	18
2.3 Management of Very Tall Stature.....	31
2.4 Psychosocial Considerations Relating to Tallness .....	35
2.5 Rationale for the Present Study.....	37
2.6 Summary .....	38
Chapter 3: Methodology and Methods.....	40
3.1 Introduction.....	40
3.2 Research Question, Aims and Objectives of each Phase of the Study .....	40
3.2.1 Research question: .....	40
3.3 Philosophical Research Stance .....	43
3.3.1 Research Approach.....	44
3.3.2 Interpretive Phenomenological Analysis .....	46
3.4 Research Methods.....	47
3.4.1. Ethical Considerations.....	48
3.4.2 Sampling.....	50
3.4.3 Data Collection.....	57
3.4.4 Positionality of the Researcher .....	63
3.4.5 Data Analysis/Synthesis .....	66

3.4.6 Strategies to Enhance Rigour .....	74
3.5 Summary .....	79
Chapter 4: Findings for Phase I of the Study .....	81
4.1 Introduction .....	81
4.2 Super-ordinate Theme: Playing to Strengths .....	82
4.3 Super-ordinate Theme: Fitting into an Average Height World .....	85
4.3.1 Sub-ordinate Theme: Making Compromises .....	86
4.3.2 Sub-ordinate Theme: Shopping Struggles .....	91
4.3.3 Sub-ordinate Theme: An Unseen Disability .....	93
4.4 Super-ordinate Theme: Tallness and Identity .....	94
4.4.1 Sub-ordinate Theme: The Tall Zone .....	95
4.4.2 Sub-ordinate Theme: “So you must be...” .....	99
4.5 Super-ordinate Theme: “Standing Out” .....	101
4.6 Super-ordinate Theme: Being “Comfortable in my own skin” .....	105
4.6.1 Sub-ordinate Theme: Body Image .....	109
4.7 Summary .....	110
Chapter 5: Findings for Phase II of the Study .....	112
5.1 Introduction .....	112
5.2 Super-ordinate Theme: “Comfortable in my own body” .....	112
5.2.1 Sub-ordinate Theme: Growing Acceptance .....	115
5.2.2 Sub-ordinate Theme: Tallness is part of my Identity .....	119
5.3 Super-ordinate Theme: Standing Out .....	122
5.3.1 Sub-ordinate Theme: Reaction of Others .....	122
5.3.2 Sub-ordinate Theme: Playing to Strengths .....	125
5.3.3 Sub-ordinate Theme: Restrictions with Occupations and Activities .....	127
5.4 Super-ordinate Theme: Stereotypical Expectations .....	129
5.4.1 Sub-ordinate Theme: Gender Expectations .....	132
5.4.2 Sub-ordinate Theme: Sexual Assault due to Height .....	133
5.5 Super-ordinate Theme: Tall Zone .....	134
5.5.1 The Social Stranger Tall Zone .....	135
5.5.2 The Immediate Tall Zone .....	137
5.5.3 The Personal Tall Zone .....	139
5.5.4 The Intimate Tall Zone .....	140
5.6 Super-ordinate Theme: “The World is Not Made for Taller People” .....	141
5.6.1 Sub-Ordinate Theme: Shopping Struggles .....	147
5.6.2 Sub-ordinate Theme: Tallness as a Disability .....	151
5.7 Summary .....	152
Chapter 6: The Bridging Chapter: Consideration of Phase I and II Findings .....	153
6.1 Introduction .....	153
6.2 Section 1: My Tall Stature .....	155

6.2.1 “Being comfortable in my own skin”/”Comfortable in my own skin” .....	155
6.2.2 Tallness and Identity/Tallness is part of my Identity .....	157
6.3 Section 2: The Social and Physical, Built World .....	157
6.3.1 Tall Zone/The Tall Zone .....	157
6.3.2 “So you must be....”/Stereotypical Expectations.....	158
6.3.3 Standing out/Standing out.....	160
6.3.4 Playing to Strengths/Playing to Strengths.....	161
6.3.5 Fitting into an Average Height World/ ”The World is not made for Taller People” ...	162
6.4 Summary .....	165
Chapter 7: Discussion .....	167
7.1 Tall Stature Influences Choice of Occupation .....	168
7.2 Tallness and the ill-fit of the Physical, Built and Social Environment .....	171
7.3 Acceptance of Diversity .....	175
7.3.1 Threshold of acceptance concerning tallness .....	176
7.3.2 Striving for a sense of belonging .....	177
7.3.3 Tallness and Identity .....	180
7.3.4 Strategies for Managing Expectations and Reactions of Others .....	183
7.4 Implications for practice .....	188
7.5 Summary and Recommendations .....	191
7.6 Limitations of the Present Study .....	193
7.7 Areas for Further Research .....	195
Chapter 8: Conclusion .....	197
References .....	202
Appendices .....	Error! Bookmark not defined.
Appendix 1: Conversion of height measurements: feet to metres .....	Error! Bookmark not defined.
Appendix 2: Published article by Booth et al (2019) utilising some of Phase I study findings .....	Error! Bookmark not defined.
Appendix 3: Permission from Publishers to use published article (Booth et al 2019) in thesis .....	Error! Bookmark not defined.
Appendix 4: Process and outcome of literature reviews .....	Error! Bookmark not defined.
Appendix 5: Ethics Application for Phase I of the Study .....	Error! Bookmark not defined.
Appendix 6: Ethics Application for Phase II of the study .....	Error! Bookmark not defined.
Appendix 7: Ethics Timeline for Phase I and Phase II of the Study .....	Error! Bookmark not defined.
Appendix 8: Evidence of amendments agreed by Coventry University Ethics Department .....	Error! Bookmark not defined.
Appendix 9: Participant Information Sheet – Phase I of the study .....	Error! Bookmark not defined.
Appendix 10: Consent form - Phase I of the study .....	Error! Bookmark not defined.
Appendix 11: Prompts used within the unstructured style of interview for Phase I of the study .....	Error! Bookmark not defined.

Appendix 12: Phase II Semi-Structured Interview Guide .....	Error! Bookmark not defined.
Appendix 13: An Example of Data Coding and Theme Formation from Phase II (Step 2 and 3 of data analysis) .....	Error! Bookmark not defined.
Appendix 14: Step 6 data analysis: Looking for Patterns across Cases ...	Error! Bookmark not defined.
Appendix 15: The merging of the male and female themes in Phase I of the study .....	Error! Bookmark not defined.
Appendix 16: The merging of the male and female themes in Phase II of the study .....	Error! Bookmark not defined.
Appendix 17 Mapping the Study Findings to the aims and objectives .....	Error! Bookmark not defined.
Appendix 18: Research Dissemination Activity .....	Error! Bookmark not defined.

## List of Tables

Table 1: Aims and Objectives from Phase I and II of the study .....	41
Table 2: Ethical principles and accompanying strategies .....	99
Table 3: delineation of tall stature .....	52
Table 4: Participants in Phase I of the Study .....	56
Table 5: Participants in Phase II of the Study .....	56
Table 6: The Analysis Process in IPA .....	67
Table 7: Strategies to Manage when Trying to Fit into a World not Made for Taller People .....	150
Table 8: Super-ordinate and Sub-ordinate Themes of Phase I and II of the study .....	154
Appendix Table 1: Scoping and Contextual Review: Key words from the question and variations .....	240
Appendix Table 2: Ethics timeline for Phase I and Phase II of the study .....	270
Appendix Table 3: Extracts from transcript from participant one, Phase II .....	281
Appendix Table 4: Development of Collective Themes .....	285
Appendix Table 5: Finalising the super-ordinate and sub-ordinate themes of Phase I .....	290
Appendix Table 6: Finalisation of the themes in Phase II of the study .....	285
Appendix Table 7: Meeting the aims and objectives from Phase I and II of the study .....	296

## List of Figures

Figure 1: Diagram of Themes from Phase I of the Study .....	81
Figure 2: Phase II themes .....	112
Figure 3: Levels of Tall Zone.....	135
Figure 4: Tall Matters: Relating to everyday occupations and well-being.....	168
Appendix Figure 1: PRISMA statement .....	243



# Chapter 1: Introduction

## 1.1 Consideration of key constructs within the study

### 1.1.1 Tall Stature

It can be suggested that tall human stature is relative; if you are the tallest person in a group of people, you could argue that you are tall (Cohen 2009). The main cause of tall stature is constitutional tall stature (Moon and Davies 2009), sometimes also called familial tall stature (Thomsett 2009). A diagnosis of constitutional tall stature is given to tall children if there is a family history of tall height (Moon and Davies 2009). Alexander and Hindmarsh (2004) expand to specify that the parents, or at least one parent, should also present with tall stature. Other reasons for tall stature include chromosomal disorders such as Klinefelter's Syndrome in boys, Marfan's Syndrome and Soto's Syndrome (Bridges 2013), and endocrine causes such as hyperthyroidism, precocious puberty, adrenal tumour or Growth Hormone secreting pituitary tumour (Alexander and Hindmarsh 2004).

Height is internationally formalized and measured on a scale incorporating percentiles, to aid the directive of tracking growth and development in babies, children and young people (Alexander and Hindmarsh 2004). The statistics gathered from these measurements enable nations to produce figures demonstrating health and well-being of their populations. In addition to health aspects, human height can be linked to genetic factors, as mentioned previously, and also environmental aspects (Roser 2015). As some nations have become richer over time and the overall general health and diet of populations have improved, the height of the people within those populations has increased (Hauspie et al 1996). However, as identified by the World Health Organisation (WHO) (2015), health inequalities across the world still negatively impact on the growth of children in some developing and poor nations. The NCD (non-communicable diseases) Risk Factor Collaboration (2016) concur in their estimations of adult height of world-wide populations over the last 100 years. The NCD Risk Factor Collaboration (2016) discovered that height changes varied in different countries with less gain in sub-Saharan Africa, possibly due to increasing populations but less stable economies.

### ***1.1.1.i International human height increases***

Research by Zong and Li (2014) explored the height of children in China and identified that from 1975 until 2010 the average height had increased and was still increasing. Zong and Li (2014) highlight that the largest change was within 13 year old boys from urban areas, for which the difference in height from 1975 to 2010 was 11.9cm. This is mostly attributed to an improved diet, though for some, such as the basketball star Yao Ming, the increase in stature is suggested to be linked potentially to provision of hormone therapy (Fryer 2015). Larmer (2005) provides an alternative suggestion to the height of Yao Ming, that the creation of the 7ft 4in/2.24m basketball player was the result of a manipulation by the state through an arranged marriage between his tall basketball player parents.

Whilst tall stature is increasing in some countries, such as China, other nations have noticed that tallness has plateaued, for example in the Netherlands and America. The average adult male height in the Netherlands is 6ft/1.83m (Murano, Slatman and Zeiler 2020) and although it is recognized for having the world's tallest population (Schonbeck et al 2013), the halt to average height development is an unknown factor. Similarly, in America the average height has become static. The cause for this is also unknown, however the American population has moved from being the 'tallest in the world' from the late 19<sup>th</sup> century to mid-20<sup>th</sup> century; to presently one of the most overweight populations (Komlos and Baur 2004:59). Indeed, the average American adult male height population of 5ft 9in/1.75m (Fryar et al 2018) has now been overtaken by populations in Sweden, Holland and Norway (Komlos and Baur 2004). Health Survey England (HSE) 2016 (NHS Digital, 2017) details the average height of the English adult male between the ages of 16-35 years as 5ft 8in/1.73m, whilst the adult average height for a woman in the same age bracket is 5ft 3in/1.60m.

As a result of these international height differences, and due to the fact that extreme tallness may be viewed as a relative social construct, UK-specific height percentiles were used in the current study to identify participants with a lived experience of extreme tallness in their country. Adults who reach a height at the 97<sup>th</sup> percentile or above constitute around 3% of the UK population (Alexander & Hindmarsh, 2004) and can face challenges in relation to everyday life, within the social environment, and with aspects such as finding clothes to fit (Thomsett, 2009). To explore this further, the present study sought to gain experiences

from adults on the 99<sup>th</sup> percentile or above for height (over three standard deviations above the average height in England (Tall.Life 2020a) from the HSE 2016 figures (NHS Digital 2017).

Table 3 (page 52) in the Methodology and Methods chapter provides specific height parameters for participant inclusion in the study. Feet to metre height conversion throughout the thesis has been informed by Feettometres.com (n.d) and a chart can be located in appendix 1 (page 225).

### **1.1.2 Young Adults**

The present study has focused on young UK adults of ages 18 to 40 years, to encapsulate the life stage of the emerging adult suggested by Arnett (2014) and Erikson's psychosocial life stage of intimacy v isolation (Erikson and Erikson 1997). Traditionally it has been considered that a person reaches adulthood at 18 years, upon completing school, venturing out to the work environment and planning marriage (Arnett 2014). In post-industrialised times school has been extended to college and university, delaying the responsibilities of creating a career and family environment (Arnett 2014). Arnett (2000) developed the theory of 'emerging adulthood' in response to the delay in milestones that moved adolescents (12-18 years) into adulthood. During theory development the age for the emerging adult was suggested to be 18-25 years (Arnett 2000), but upon further research it is deemed that this stage is more likely to be around 18-29 years (Arnett 2014). The emerging adult experiences "identity exploration", "instability" over life decisions, a "self-focus", a feeling of "being in between", not an adolescent, and not a fully-fledged adult (Arnett 2014). The aspects experienced within this life stage were felt to be relevant to the present research study, as it was expected that tall study participants would consider themselves, their identity, and decision making in relation to managing everyday life.

The age range within the present research study also matched that of Erikson's sixth psychosocial stage: intimacy versus isolation (Erikson and Erikson 1997). This was seen to have relevance to the present study, as Erikson's stage of intimacy versus isolation focuses on relationships and thus provided a theoretical perspective that was of use when considering participant social well-being. In addition, the importance of successfully moving through the previous psychosocial stage (identity versus role confusion) would impact on

self-esteem, and the ability to manage relationships and friendships. A strong sense of identity, both personal and occupational at stage five would help to eliminate concerns of who a person was and what they wished to engage in during everyday life. Participants in the present study were thus encouraged to talk about when they became tall in their younger years, to help them to reflect on any connection between tallness and identity, from a personal, social and occupational perspective.

### **1.1.3 Occupation in Everyday Life**

The researcher is an occupational therapist and adopts a professional philosophy which includes the belief that meaningful occupation can influence health and well-being (College of Occupational Therapists (COT) 2015). Meaningful occupation in this context refers to the everyday activities undertaken by humans as they live their lives. The European Network of Occupational Therapy in Higher Education (ENOTHE) (2004) provide a consensus definition of occupation as “a group of activities that has personal and sociocultural meaning, is named within a culture and supports participation in society” (cited in COT 2015:xiii). Occupations require motivation, skill, and performance capacity and include roles as outlined by a leading occupational therapy theorist Kielhofner (2008). Occupations form habits, and assist with daily routines (Kielhofner 2008) and have the ability to transform and develop people (Watson and Fourie 2004). Everyday occupations can be considered in categories, such as productivity (work), self-care and leisure (Kielhofner 2008, ENOTHE 2004, cited in COT 2015: xiii). However, some challenge this potentially over-simplified delineation of occupation, suggesting occupations should be considered in the way that they are experienced (Jonsson 2008, Hammell 2009). Examples of this include considering occupations in terms of whether they are restorative, fostering belonging (Hammell 2009) engaging and social based (Jonsson 2008). Whilst the present study has encapsulated a broad dialogue relating to the concept of everyday occupation, the three categories of productivity (work), self-care and leisure have provided an initial foundation.

#### **1.1.4 Well-being**

Well-being is a difficult concept to define and interpret (McGilivray and Clarke 2006). Aldrich (2011) concurs, and suggests that it has subjective elements, with temporal and environmental influences. In addition, it could be argued that well-being is abstract and thus difficult to measure. As an occupational therapist, the researcher of the present study has considered profession-related literature regarding the term well-being. Aldrich (2011) identifies that health care professionals such as occupational therapists, use the term well-being, without considering in detail what the concept means. Scholars of health and social care backgrounds consider components of well-being to include life satisfaction (Hampson 2009), contentment (Hammell 2009), quality of life (Eklund and Backstrom 2006), a sense of coherence (Erlandsson and Eklund 2006) and self-esteem (Hammell 2009). Furthermore, a sense of belonging (Wilcock and Hocking 2015) and community integration (Chan et al 2005) are also suggested to be aspects of well-being.

The term 'well-being' has been used to define health by occupational science pioneers such as Yerxa (1998) and Wilcock (1998). Occupational science (the study of occupation) and occupational therapy share the philosophy that meaningful occupation can influence health and well-being (Blanche and Henny-Kohler 2000, Kristensen and Petersen 2016). Thus, occupational engagement is deemed to enhance well-being (Do Rozario 1994 Dige 2009, Ujimoto 1998). The focus of the present study is to explore experiences of managing everyday life, which involves engagement in everyday occupations and the connection this has to well-being. Within the occupational narrative undertaken, the occupational choices made by participants have been explored, alongside subsequent occupational engagement and performance and how these elements connect to well-being.

From a philosophical perspective, definitions of well-being embrace happiness (Ross et al 1998), feeling good (Sumner 2003), desires fulfilled (Ross et al 1998, Sumner 2003), and experiencing a quality life (Griffin 1990). Well-being therefore appears to be a positive human state. The Centers for Disease Control and Prevention (CDC) (2018) re-affirm this in their explanation of well-being as "a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going

well". They further suggest that well-being includes the presence of positive feelings, a satisfaction with life and functioning within that life.

Aspects of well-being include physical well-being, social well-being, psychological well-being and economic well-being (CDC 2018). Three of these aspects are included in a definition of health by the World Health Organisation (WHO) (2020) within the principles of the 1946 constitution of the WHO: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Physical well-being involves making choices in daily life to maximise health and to reduce the possibility of diseases and conditions (American Association of Nurse Anaesthetists (AANA) 2020). Physical well-being is also considered to be linked to mental well-being (AANA 2020). Mind (2016) agree and also outline that mental well-being refers to a person's mental state, how a person is feeling. Mental or psychological well-being is dynamic and indicates the ability to manage everyday life (Mind 2016). It is suggested to be connected to social well-being (Faculty of Public Health 2020) particularly in relation to how a person interacts and builds relationships with others. However, social well-being also addresses social equality, social trust and social capital (Faculty of Public Health 2020).

The three elements of well-being, physical, social and psychological, as outlined by WHO (2020) are considered in the present study, as the researcher is a health professional and considers well-being from the perspective of health. An additional concept of financial well-being is included in the present study because income is often the most common measure of well-being (McGilivray and Clarke 2006). The perspective of financial well-being is also particularly pertinent to the present study as outlined in the contextual literature review in chapter two. Specifically, the taller worker has the potential to earn more money than average or shorter height workers (Komlos and Baur 2004), but the taller consumer is likely to need more bespoke items that fit an atypical stature (Torre, Bailey and Epstein 2011), which may have an impact on cost. Financial well-being, alongside physical, social and psychological well-being is therefore of relevance to explore with very tall and extremely tall young adults in the UK in relation to managing everyday life.

## **1.2 Rationale for the study:**

Tall human height has been previously investigated from a quantitative perspective in relation to association of height and perceived career success (Persico, Postlewaite and Silverman 2004). Research has considered the link between tall stature and authority (Blaker et al 2013) and suggested a connection with higher intelligence (Murray and Schmitz 2011). The results of these studies are positive, reaffirming that tall height is seen to be of an advantage and an attribute in society, particularly for the tall white male.

However, very little research has been undertaken to establish how tall people feel about their height, in connection with their well-being and how they manage everyday life. Farman (2010) explored experiences of very tall American women and discovered that whilst there were challenges, the participants overall were positive about their height. The very tall female American college students in the study by Firmin et al (2012) however considered there to be no benefits to being tall. Both qualitative studies (Firmin et al 2012, Farman 2010) have a connection to the present study in relation to social and psychological well-being, but focus solely on very tall women in the United States of America. The present study is unique in perspective having explored the experiences of very tall and extremely tall young men and women in the United Kingdom (UK), considering their well-being, but also how they manage everyday occupations.

Literature relating to being very tall has been written by extremely tall male and female authors (Cohen 2009, Walker 2014, Lochner 2016), providing some insight into the topic of the tall human stature. All three authors are not UK based. They talk of challenges of fitting into the built environment, whilst also highlighting some positives of standing out with a stature of 6ft 3in/1.91m for female author Cohen (2009) and 6ft 9in/2.06m and 6ft 7in/2.01m for male authors Walker (2014) and Lochner (2016) respectively. In addition, Phillips (2010) has produced an account of the life of the world's tallest man Robert Wadlow, who stood almost 9ft/2.74m tall by the time of his death at age 22 in 1940. Phillips' (2010) account of the challenges experienced by Wadlow in everyday life resonate with the experiences shared by Cohen (2009), Walker (2014) and Lochner (2016), but are accentuated as he was the tallest of the tall. These books are easily accessible for the lay public and are helpful in sharing the tall stature perspective, yet they are not derived from formal research studies.

Sharing experiences of how tall stature impacts on daily life extends to sports personalities and comedians. Biographies by very tall sports celebrities Griner 6ft 8in/2.03m (Griner and Hovey 2014), in relation to female basketball, and Crouch 6ft 7in/2.01m (Crouch and Wallace 2007), male footballer, explain how their extremely tall stature has influenced their chosen work occupation of sport. Reactions and expectations of others are highlighted as mixed in terms of positive (Griner and Hovey 2014) and negative (Crouch and Wallace 2007), and have required strategies for management. Management of tall stature is also evident through the work-related repertoire of very tall comedians both in written format for comedienne 6ft 1in/1.85m Hart (2012) and in stand-up performance for comedian 6ft 7in/2.01m Merchant (2011). Both Hart (2012) and Merchant (2011) address their stature in a way that suggests they retain ownership over how their stature is considered and commented upon.

Strategies for managing tallness in girls and young women are shared both implicitly and explicitly. Powell and Archbold (2014) have published a short fictional story for children about a tall girl being unhappy with her height until she discovers basketball, an activity in which her height enables her to succeed. In addition, a book showcasing the advantages of being a tall teenage girl (Keith-Spiegel 2019) promotes a positive perspective of tall female stature. Both books focus on the tall young female and offer encouragement in relation to the positives of a tall stature. More recently a Netflix film (Stewart 2019) tells the story of a very tall teenage girl who experiences many challenges to standing out from her peers. The story journeys to eventual self-acceptance. It is interesting to note that there is not a similar focus in book and film for the tall young male, perhaps because previous research has illustrated a positive link in Western society between tall and male (specifically Caucasian) as mentioned previously. It could be suggested that the very tall female poses a variance from the sociocultural expectation (Rayner, Pyett and Astbury 2010), and therefore the production of books and a film, focusing specifically on tall young girls and women, may be helpful to assist those females with diversity of stature to embrace their difference.

The resources and research mentioned above demonstrate consideration of the taller person in facets of daily life, such as within the social environment or work environment. However, there is a paucity of peer reviewed, rigorous research that gains the experiences



of very tall and extremely tall young adults in relation to how they manage their everyday life and well-being; hence the necessity for the present study.

### **1.3 Professional Context**

Occupational therapists are interested in the occupations that people engage in and any factors impacting upon occupational performance and engagement (Kennedy and Davis 2017). One of the key priorities for research within occupational therapy is the link between occupation and well-being (COT 2007). Endocrinologists suggest that height may be an influencing factor on how people evolve in their life (Sanderberg et al 2004, Thomsett 2009), intimating that it can affect well-being and occupational choices made. This raises awareness for occupational therapists working with service users who have an extremely tall stature. Sharing of experiences and adopted strategies for the management of occupations is enlightening and beneficial to professionals such as occupational therapists, who work with people on their trajectory of occupational fulfilment.

In terms of well-being, sharing perceptions of experiences of being very tall and extremely tall, has been helpful to the study participants, as it is a topic rarely discussed. The outcome of the study has provided the opportunity for mutual support and a strong voice in terms of articulating the needs, challenges and benefits of having a very tall stature as an adult in the UK. Dissemination, of some of the study findings (Booth et al 2019) has extended sharing with others, potentially shaping the understanding of relevant others in society. Appendix 2 (page 226) provides a copy of the published research relating to some of Phase I findings, alongside permission from the publisher to include the article as an appendix within the thesis (appendix 3; page 239).

### **1.4 The Insider Perspective of the Researcher**

The unique perspective of the present research invites an inductive approach to theory development, and the gathering of deep rich data. A hermeneutic phenomenological interpretive perspective has underpinned the study methodology. The study has subsequently adopted interpretive phenomenological analysis (IPA) (Smith, Flowers and Larkin 2009) as the research approach. The researcher is an extremely tall UK adult (6ft

2in/1.88m) and has her own knowledge and personal experience of managing everyday life and well-being. This adds to the empathetic stance required to assist the understanding of the insider (emic) perspective of the participant (Finlay 2011). The potential for commonality of experience between researcher and participant moves the researcher towards the world of her participants, highlighting similarities between researcher and participant as acknowledged by Smith, Flowers and Larkin (2009). One of the concerns relating to the involvement of the researcher in the emic perspective is the potential for the influence of the researcher to overshadow the experience articulated by the participant (Cronin-Davis, Butler and Mayers 2009). The researcher has not bracketed off her experiences but acknowledged them, both through reflection and by undertaking a positionality interview (see Chapter 3 Methodology and Methods, section 3.4.4 page 63 for further details). These strategies have enabled the researcher to delineate her experiences and those of her participants to ensure the research stays within the world of the participants. Whilst having an insider perspective enhances the researcher's ability to adopt empathetic hermeneutics within data analysis, it somewhat challenges the achievement of gaining an outsider approach; the etic perspective. The etic perspective is considered further in Chapter 3, section 3.4.5 page 71 and details how a questioning approach to hermeneutics when analysing the data has helped the researcher to look beyond what is said, to what is implied, which participants may or may not be aware of (Smith and Osborn 2015).

The importance of reflexivity is highlighted within Chapter 3, section 3.4.6.ii page 76, as a mechanism to manage both the etic and emic perspective and thus enhance rigour of the IPA analysis (Cronin-Davis, Butler and Mayers 2009). Reflexivity refers to the critical reflection exercise undertaken by the researcher to acknowledge self, in terms of experience, attitudes, assumptions and interests relating to the topic of interest (Finlay 2011). It has enabled the researcher to explore her self-awareness relating to the research topic and to identify her unique perspective. A strategy used to capture reflexivity is the reflective diary, which has been used throughout the research process. Extracts from the researcher's reflective diary are provided within the thesis, predominantly within the presentation of the methods in the Methodology and Methods chapter and include reflections in action during interview, following interview, within the data analysis phase,

and when considering the rigour of the research. Chapter 3, section 3.4.6ii page 76 highlights the structured method of reflection adopted by the researcher, to ensure depth of reflection has occurred. An additional strategy undertaken to enhance reflexivity is the positionality interview, whereby the researcher has considered in depth her experience on the research topic, the methodology and methods and how these provide the researcher's position within the research (Savin-Baden and Howell Major 2013). The positionality is considered in Chapter 3, section 3.4.4. page 63 and section 3.4.6.ii page 76. The challenge to reflexivity experienced by the researcher has been to ensure adequate depth of reflection has occurred, to ensure the messiness of data analysis within IPA (Wagstaff et al 2014) has been fully addressed. This has necessitated detailed reflection on all stages of analysis (see table 6 page 67), with critical questioning of results through reflective analysis, to ensure interpretation has remained true to each participant's experience.

In relation to the philosophical research stance of the study, this resonates with the researcher's professional principles and values. The research adopts a postmodernism perspective which rejects the ultimate truth and embraces multiple truths. In addition, because it encompasses a hermeneutic phenomenological research approach, the study embraces collaboration and the importance of context. This research perspective and approach mirrors the focus of occupational therapy clinical practice, which acknowledges the importance of individuality (Clarke 2009), of working together to empower, and the influence of the environment on occupational engagement and performance.

The overall research question and aims for the study are provided below:

## **1.5 Research Question**

What are the experiences of UK very tall and extremely tall young adults, in relation to managing everyday life and well-being?

### **1.5.1 Aims**

- To gain and analyse the occupational narratives of UK adults with a very tall and extremely tall stature.
- To uncover strategies adopted for the engagement of everyday occupations from the perspective of UK very tall and extremely tall young adults.

- To determine how very tall and extremely tall young UK adults manage their well-being.
- To explore the perceptions of identity of very tall and extremely tall UK young adults.
- Provide recommendations to manage diversity of height, for sharing with relevant audiences.

## **1.6 The Structure of the Thesis**

Due to the unique focus of the present study, chapter two of the thesis provides a contextual literature review of salient research. Background related research from the contextual review sets the scene and backdrop for the present study, by considering connected studies but also highlighting a gap in knowledge. Chapter three offers a comprehensive consideration of the research methodology and research methods. Chapters four and five provide the findings of Phase I and Phase II of the study respectively, followed by chapter six, which integrates the previous two chapters. Chapter seven moves into discussion, whereby the findings are considered alongside the wider literature, before concluding the thesis with chapter eight. Recommendations for further study are offered within the discussion and conclusion chapters.

## Chapter 2: Literature Review

### 2.1 Introduction

It is a typical part of the qualitative empirical research process to undertake a scoping literature review early on, to identify existing related research which can be built upon by further research endeavours (Tracy 2013:99). The scoping review can also identify a gap in the research milieu (Robson and McCarten 2016:52), thus supporting the research question of the proposed study (Carpenter and Suto 2008:45, Aveyard, Payne and Preston 2016:11). Such a review was carried out by the researcher in 2015 to provide an overview of the related literature (Aveyard, Payne and Preston 2016:31), to initially inform the research proposal and then the subsequent study.

Carpenter and Suto (2008) explain that literature reviews are often carried out at different times during the empirical qualitative research process. If the literature review is considered to be a puzzle, as suggested by Tracy (2013:100), then perhaps the scoping review could be viewed as the outline of the puzzle and a subsequent, updated review would provide the middle section, to complete a picture of knowledge developed in support of the research topic. A contextual review built on the foundations of the initial scoping review, and was completed in early 2020. The contextual review provided an opportunity to introduce a framework that would encourage alignment of analysis of the present study's findings in the quest to ascertain new knowledge (Bogdan and Biklen 2003). A contextual review was chosen due to the unique focus of the present study. It was completed in a systematic manner to enhance rigour and limit bias (Savin-Baden and Howell Major 2013). The process and outcome of both literature reviews can be found in appendix 4 (page 240).

The research questions from Phase I and II of the study were used as the focus of the scoping literature review and the subsequent contextual review:

**Phase I Study Question:** What are the experiences of UK very tall young adults in relation to managing everyday life and well-being?

**Phase II Study Question:** How do UK young adults with a height on the 99.9 percentile or above for height, manage their everyday lives and well-being?

## 2.2 The Contextual Review

There is a paucity of research relating to how adults with a very tall stature manage everyday occupations, their personal well-being and therefore their daily lives. Hence, related research will be discussed in the contextual review, which considers inter-related aspects associated with the study topic. For example, to manage everyday occupations requires the very tall adult to negotiate the built environment and the social environment. Standing out in these environments can influence the physical well-being and social well-being of very tall adults. In addition, how society reacts to extreme tallness can impact not only social well-being but also psychological well-being of the taller person. Societal perceptions, based on stereotypical thinking associated with tallness, can offer challenges and opportunities for the taller adult in relation to managing everyday life. This reflective example, shows how managing everyday occupations, the influence of the environment and personal well-being are all inter-connected.

Extract from reflective diary:

*The reflective example has highlighted to me how my profession-specific theory has influenced the development of my research topic. Occupational therapists believe that the person, the environment and the occupation are interlinked (Kielhofner 2008, Townsend and Polatajko 2007), and that occupation can influence well-being (Wilcock 2006). The connection between well-being and occupation is also adopted within occupational science, which is a basic science developed by occupational therapists (Kristensen and Peterson 2015). As an occupational therapist who draws on occupational science, my worldview is shaped in a way that I see people as having a drive to engage in occupations. My professional knowledge has provided the lens through which I see my research.*

To unpack this further, the contextual literature review will commence with consideration of how living with a tall stature in an average height, built environment can influence well-being from a number of perspectives. Remaining with the well-being focus, the social environment will then be addressed by considering how tallness is perceived in society. This will embrace the consideration of stereotypical thinking in relation to tallness, and how this can enhance or challenge everyday life and occupations. The review will then consider how the diversity of height in the form of tallness has been managed from a medical and surgical perspective, which indicates that there appears to be a threshold of what is accepted in

society in terms of tallness in adults. The link to psychological well-being is thus explored, before drawing the review together to support the rationale for the present study.

### **2.2.1 Tallness and the Built Environment**

The physical built environment is designed for the average height person, where one size is assumed to fit all (Freund 2001). People with diverse stature, including those who are taller than average are consequently challenged to adapt themselves to fit into the socio-material environment, which can cause difficulties such as temporal-spatial problems (Freund 2001). Pritchard (2014) suggests that built environments which do not fit the shape and size of the non-average stature person, can disable them. Prevented from being 'able' to access the built environment in an ergonomic manner can cause problems for the taller adult in relation to physical well-being, due to a compromised posture that is often required. This can include poor posture in sitting, for example when travelling in cramped conditions on airplanes if greater seat space is not practically or financially accessible. The very tall female participants in the study by Firmin et al (2012) talked of the poor fit of the built environment to their tall stature, with particular reference to airplane seats. Additional problems with small spaces such as fairground ride seats caused pain for knees for the participants, which thus impacted upon physical well-being (Firmin et al 2012). The very tall women in the study by Farman (2010) concurred, highlighting the pain experienced to knees when sitting in confined seating areas at concerts. Poor posture and restricted movement in seating that is too small, such as airplane seats, have additional physical well-being ramifications. Whilst aviation travel has not proved to be a causal factor for the development of deep vein thrombosis (DVT) (Bagshaw 2001, Adi, Bayliss and Taylor 2004), it is acknowledged that seat immobility, which can be caused through cramped conditions may be associated to a higher risk of DVT (Bagshaw 2001).

Alexander and Hindmarsh (2004) state that spinal and postural abnormalities are linked to tall stature. They do not expand on this statement, however Lochner (2016) discusses how tall people deviate from the neutral spine position, typically to bend or slouch to fit in, causing back pain for many. Quasi- experimental research by Snijders et al (2008) into the mechanical causes of low back pain, found strain occurred in the iliolumbar ligaments when slouching in standing, which caused low back pain. The literature therefore suggests that there may be a connection between tall stature and low back pain. However, research

related to height, low back pain and the built environment does not support the connection. For example, research from Hong Kong (Yip and Chan 2001) on middle-aged women concluded that height was not a factor that impacted on the prevalence of low back pain. They did concede however that the majority of the 182 participants' daily occupations as housewives enabled them to maintain a more ergonomic environment in which to work. The range of heights were not explained in the research literature by Yip and Chan (2001), making it difficult to consider how relevant this study is to the present study. However, as the average height of women in Hong Kong is 5ft 2.5in/1.58m, a woman who would be 6ft 2in/1.88m in the study would be 4.1 standard deviations from the average (Tall.Life 2020), and there is no indication that such a height range is present.

Earlier work by Han et al (1997) in the Netherlands carried out a study on 5887 men and 7018 women with age ranges 20 years to 60 years. The Netherlands has a taller average height than Hong Kong and hence the study findings potentially have greater relevance to the present study. Han et al (1997) discovered that tall height did not impact on the prevalence of low back pain. Whilst at the highest height range, the tallest men were 6ft 8in/2.03m and the tallest women were 6ft 2in/1.88m, these were outliers, with the average heights being 5ft 8in/1.73m for men and 5ft 4in/1.63m for women (Han et al 1997). In both studies (Yip and Chan 2001 and Han et al 1997), heights were measured by investigators, indicating potential reliability of height measure technique. Low back pain in both studies were scored however, through self-administered questionnaires which have the potential for some bias to be present.

Whilst research by Yip and Chan (2001) and Han et al (1997) does not support the theory that taller people are more susceptible to musculo-skeletal problems within the spine, narrative accounts from those who have extremely tall statures (7ft/2.13m plus) (Torre, Bailey and Epstein 2011), intimate risk to their physical well-being through description of difficulties engaging in everyday environments that are not built for them. The extremely tall retired basketball players considered within the work of Torre, Bailey and Epstein (2011) talk of the need to customize everyday physical environments such as bathrooms and work surfaces, if finances allow, to provide an environment that has greater potential to fit their stature. They talked of how aspects of the built environment were dangerous, such as doorways, ceiling fans, signs and steel emergency sprinklers, due to the potential for head



and facial injury (Torre, Bailey and Epstein 2011). Others highlight the need to adapt work environments (Kulish 2018, Lochner 2016), and everyday activities, taking an ergonomic approach to protect the spine, and other joints susceptible to injury, such as knees (Lochner 2016).

There is also a psychological impact to not fitting into an average-height built world, whereby a feeling of alienation can occur in relation to both the space that does not fit the taller person, and towards his/her taller stature (Freund 2001). Research by Firmin et al (2012) resonates with the perspective of Freund (2001) through narrative provided by one of the very tall young women (average height 6ft/1.82m), who talked of how being so tall was a negative when trying to engage in social activities within a built environment that was too small. Pritchard (2014) suggests the taller person cannot be blamed for tallness and the associated problems with the built environment, as height is permanent and out of the control of the taller person. The same consideration in society is not often afforded to those with diversity of stature in terms of an over-weight and obese size (Pritchard 2014). From a social constructionist perspective, the environment would be at fault for not accommodating diversity of stature, with some calling for the introduction of universal design to overcome the barriers faced in accessing everyday occupations within an environment that does not fit (Freund 2001, Pritchard 2014).

It has been ascertained that there is a lack of research into difficulties accessing an average height, built environment by those who are outside the average stature (Pritchard 2014). Firmin et al (2012), Torre, Bailey and Epstein (2011) and Farman (2010) briefly address difficulties which can cause danger and pain from a physical well-being perspective, but these are not explored in detail. The present study has addressed this lack of research, by considering how very tall and extremely tall young adults manage their everyday lives and occupations in the context of an average height, built environment. The study has considered physical and emotional well-being for those with heights on the highest percentiles who are trying to fit into an environment not built for them. In addition, the study has explored the social environment, as many everyday occupations take place with others. Hence a consideration of literature relating to tall stature, society and social environment has been essential to the foundations of the research.

### **2.2.2 Tall stature, Society and the Social Environment**

From an occupational therapy perspective, the social environment that a person engages with consists of groups of people who the person may know through everyday activities such as leisure and work occupations, and includes family and friendships (Sumsion and Blank 2006). One could argue that the social environment is broader than this, and embraces all people that a person will come across in their daily lives, including strangers in the street or on social media. Indeed Kielhofner (2008) considers that a person lives in multiple social contexts that are influenced by culture, which can affect relationships and activities. Society is categorized (Jenkins 2004) and people tend to gravitate towards groups that are meaningful to them, to enhance a sense of belonging (Easterbrook and Vignoles 2013). It is important for people to feel accepted and valued members of society, as this will enhance self-esteem (Thomas et al 2017), thereby assisting psychological well-being.

This section of the literature review will consider how very tall people are perceived by society. It uncovers some stereotypical expectations which can offer opportunities and cause challenges to people who have a very tall stature. Consideration is also given to social dynamics experienced when a person has a very tall stature.

#### ***2.2.2.i How tall stature has been perceived by others in the workplace***

Tall height is perceived in society to be a positive physical attribute, as it appears to be connected with personal and professional success (Persico, Postlewaite and Silverman 2004). This could be attributed to evolutionary theory, whereby the largest animal/ human was seen to be the healthiest and most powerful and hence given a leadership role (Blaker et al 2013). Research looking at height and leadership seems to support this evolutionary theory, particularly in relation to political leadership (Murray and Schmitz 2011). However, in terms of the extent of tallness and success, the research does not include those who are within the extremely tall percentiles. This brings forth the suggestion that there perhaps may be an optimum range of tallness, whereby those who are taller than average reap the benefits of society's perception and expectations of tallness and success, yet those who step over that range into extreme tallness are not afforded such considerations.

Murray and Schmitz (2011) conducted quantitative research with participants (n=467) from two USA universities and discovered that there was a preference and expectation by 64% of

the sample that the national leader would be taller than themselves. Details of height of both participants and perceived leader were not provided, however the research clearly indicated a perception of leaders; people of power and authority, being taller than citizens. In addition, male participants connected tallness to efficiency in leadership. Whilst the research by Murray and Schmitz (2011) was limited in terms of sample size, the outcome is of interest to pursue from a qualitative perspective. Gaining the lived experience of very tall young adults in relation to any potential leadership opportunities, expectations and experiences would add ecological validity to the topic of tallness and leadership.

Other research resonates with the findings by Murray and Schmitz (2011); for example, leadership qualities were linked to images of taller men and taller women in a study carried out by Blaker et al (2013). Participants (n=256) completed a questionnaire after viewing a picture of a man and a picture of a women, both dressed as professionals (Blaker et al 2013). The height of the man and woman were manipulated using imaging software to enable two different heights, one short (male: 5ft 4in/ 1.63m, female: 5ft/ 1.52m) and one tall (male: 6ft 3in/1.91m, female: 6ft/1.83m). The taller heights in Blaker et al's (2013) study were close to the heights of participants in the present study and so provide added relevance. The taller male in Blaker et al's (2013) study was viewed to be a leader due to perceived dominance, health and intelligence. However, both the taller and shorter man were seen as more 'leader like' than both sets of women.

The tall woman in Blaker et al's (2013) study was considered to be more intelligent than the shorter woman. This outcome resonates with the study by Chu and Geary (2005) who reported that female height influences perception of their character, with tall women being viewed as more intelligent, affluent, assertive and ambitious than shorter women.

Discoveries regarding perceptions of taller women by Blaker et al (2013) and Chu and Geary (2005) reinforce earlier research by Lindeman and Sundvik (2004) who explored the impact of height for 78 female job applicants in relation to managerial potential. The outcome of the study by Lindeman and Sundvik (2004) was that the taller applicants were deemed more suitable for managerial positions.

Not all research exploring tallness and authority has found an association between tall women and authority. Gawley, Perks and Curtis (2008) surveyed a sample of full-time working participants (n= 4025). Ranges of height were not provided in the study details,

only averages (taking from self-rating scales), and hence it was difficult to ascertain if the taller workers would be of a similar height to those of the present study. From this survey Gawley, Perks and Curtis (2008) discovered that tallness and authority was linked to males, but that tall women in the survey had not been afforded similar opportunities for authority. The researchers surmised that this could be due to societal expectation of tallness, specifically that tallness in males was expected and a positive, however tallness in females, particularly in work, could be seen to be intimidating to shorter male superiors. Hence authoritative roles may be enhanced for the taller male but not necessarily for the taller female. This is an interesting concept for further exploration. The present study has explored stereotypical expectations both at work and within the interpersonal and social aspects of the lives of the young very tall adult participants.

It has been established that taller people, on average, earn more money than shorter workers (Komlos and Baur 2004). A study undertaken by Persico, Postlewaite and Silverman (2004) ascertained from the UK and USA longitudinal data that taller male, white, adult workers received more pay. The average wage of the shorter men in the British National Child Development Study (NCDS) (Centre for Longitudinal Studies n.d.) was 11% lower than the wage of the taller men. In the National Longitudinal Survey of Youth in the USA (Bureau of Labor Statistics n.d) the average wage of the shorter men was 10% lower than the wage of taller men (Persico, Postlewaite and Silverman 2004). The tallest men were 6ft 9"/2.1m and so bear relevance to the heights of the men in the present study. What is interesting about Persico, Postlewaite and Silverman's (2004) study is that they attribute greater success in the workplace for taller workers to be associated with opportunities available to them pre-adulthood, taking data from participants at age 16 years. It was determined that taller teens were offered more social and vocational opportunities than their shorter peers, which helped them to develop increased skills and confidence. In addition, many shorter teens came from larger families where the parents were less educated and, the teens had less opportunities to gain skilled or professional work occupations. The present study offered the opportunity of dialogue relating to younger life, and most participants chose to include such narrative which helped to build a picture of progression in terms of expectation, opportunity and achievement.

Case and Paxson (2008) similarly looked more deeply into the tallness and the workplace success situation. They viewed UK national longitudinal data from the NCDS (Centre for Longitudinal Studies n.d.) and the 1970 British Cohort Study (Centre for Longitudinal Studies n.d.) and America (the Panel Study of Income Dynamics (PSID) (Institute for Social Research n.d.)). These data sets revealed that people in white collar jobs were taller than those in manual jobs. In addition, the results from the PSID (Institute for Social Research n.d.) showed that height and earnings were linked with an increase of 9.2% in earnings when height increased from 25<sup>th</sup> to 75<sup>th</sup> percentile for height. Case and Paxson (2008) attributed tallness and career success to cognitive ability. Specifically, they felt that it was cognitive ability that was rewarded with higher status and earnings in the workplace (Case and Paxson 2008). They discussed how cognitive ability in children was related to growth spurts and that as taller children often have earlier and greater growth spurts this would increase their cognitive ability. They linked growth to a number of factors, genetics, the environment and nutrition, and thus considered some similar influencing aspects to Persico, Postlewaite and Silverman (2004) in relation to childhood opportunities.

Later research (Kanazawa and Reyniers 2009) suggested that intelligence is linked to height, further supporting earlier findings. They collected data from 15,197 young American adults between the ages of 18 and 28 years. Participants were assessed using a number of measures relating to intelligence. Unfortunately, range of height was not provided in the dissemination of findings. Silventoinen, Kaprio and Lahelma (2000) however had discovered through their research of adult twins (n=8798 pairs), that an association of height and educational attainment, was more likely due to environmental factors rather than genetic causes. Overall, based on previous quantitative research, any link between height and intelligence seemed tenuous with a variety of reasons for academic achievement being offered. The present study offered an opportunity to refer to educational achievement from a qualitative perspective, as participants talked of their everyday lives.

Judge and Cable (2004) carried out a preliminary test of their theoretical model of the height-career success relationship, by undertaking a meta-analysis of previous, relevant research. They concur with Komlos and Baur (2004) in the relationship between height and earnings. The study by Judge and Cable (2004) suggested that height does link to subjective performance, and that taller workers are viewed more positively, assisting thus in career

success. A wide range of occupations were considered in the study (Judge and Cable 2004) and taller workers were viewed as most successful in interpersonal occupations, where influence and persuasion was vital, such as sales and management roles. Part of the success of taller workers was attributed to the social esteem from others, which in turn could impact on self-esteem, and enhance performance in the work place (Judge and Cable 2004).

This brings forth the concept of heightism, whereby people experience prejudice and discrimination due to their height (Rosenberg 2009:909). This has typically referred to people of short stature in relation to employment as outlined by Rosenberg (2009).

Cinnirella and Winter (2009) carried out a cross section research involving 13 European countries to explore whether discrimination in the workplace led to taller workers being advantaged in terms of earning higher salaries. They utilized data from European workers from the Survey of Health, Ageing and Retirement in Europe (Munich Center for the Economics of Ageing n.d.) and discovered that there was an advantage in terms of earnings for the taller workers. Prestigious well-paid roles went to tall people in employed settings but the same was not evident in self-employed settings. This suggested that height discrimination could have occurred by employers. Each country medium height was given but no height ranges.

Research to date highlights a number of advantages for the tall worker, particularly the tall, white male worker. Stereotypical expectations are reinforced in relation to the taller adult being more successful and intelligent than shorter workers. There is greater potential for a role with authority, and a higher job-wage premium, which could in turn encourage psychological and financial well-being. However previous research does not specifically consider those at the highest percentile for height. The present research study therefore has offered an opportunity to gain the narrative of the very tall and extremely tall worker.

The literature review will now consider how tall stature is perceived in the interpersonal, milieu. Stereotypical views relating to heterosexual relationships and height will be discussed, and the resultant impact on tall women specifically. Social dynamics are considered when those in society are faced with a very tall or extremely tall man or woman.

### ***2.2.2.ii How tall stature has been perceived by others in the interpersonal and social milieu***

Boyson, Pryor and Butler (1999) discovered that people with tall stature can be seen as dominant from an interpersonal perspective. When presented with a series of images showing a man and a woman dressed professionally in the same image, the participants (n= 108) all rated the taller man as more dominant. The only difference came when presented with an image of the woman being taller than the man. In this image, participants rated the taller woman as dominant over the shorter man. All predicted heights by participants, relating to the images were smaller than the heights of participants in the present study (tallest male 6ft 2in/1.88m, tallest female 5ft 7in/1.70m) and so relevance is somewhat limited. What is of specific interest is that the participants (students of average age 20 years) predicted the height of the taller woman at 5ft 7in/1.70m which could be suggested to reflect the expectation of how tall a tall woman is expected to be. The research is somewhat dated and so it could be assumed that expectation of the height of a tall woman may have changed as many nations have become taller over the years.

Later research carried out in The Netherlands (where the average height for people in their 20s is 6ft/1.83m for men and 5ft 6in/1.68m for women) by Stulp et al (2015) uncovered that within social interactions with strangers, the taller person was viewed as more dominant, creating a behavioural impact on others. This research therefore supports the earlier findings by Boyson, Pryor and Butler (1999) of dominance being associated with tallness. Stulp et al (2015) carried out three observation studies in natural environments to determine if height had an outcome in relation to social interactions. The outcome of the research demonstrated that people tended to give way for taller people (the tallest male height was 6ft 5in/1.96m and the tallest female height was 6ft/1.83m) and hence indicated tall stature has a positive relation to interpersonal dominance. The studies were felt to contribute to the wider perception of height and social status. The perception of dominance and social status due to tallness, was an area for further exploration in the present study.

It would appear that research is highlighting how perceptions relating to height and tallness are built on stereotypical thinking. Jackson and Ervin (2001) identified the liability of shortness in both men and women and potential advantages of height, when considering height stereotypes. They researched height stereotypes in relation to a number of aspects

including social and physical attractiveness and professional status. Participants (n=237) in an American college took part in the study and viewed a number of case studies (Jackson and Ervin 2001). The average height of the participants were 5ft 4in/1.63m for women and 5ft 10in/1.78m for men. The results indicated that tall stature for men was an advantage in all aspects assessed (Jackson and Ervin 2001). Tall women were perceived to have a higher professional status than shorter women. Short women were seen to be less attractive than average or taller women. It is interesting to note that the case study 'tall' height for men was 6ft 4in/1.93m and for women it was 5ft 10in/1.78m (Jackson and Ervin 2001). Hence perceptions of very tall stature were not available. This was a relatively small convenience sample with limited cultural variance, which may have hindered the strength of the results. However, tallness in men and women was seen to be a social advantage.

Some research would challenge whether female tallness is a social advantage. Firmin et al (2012) carried out a qualitative study involving 24 tall American college students, with an average height of 6ft/1.83m (range 5ft 11in/1.80m – 6ft 2in/1.88m). The focus of the study was on tallness and considered how social dynamics were experienced by tall female students. Women in the study talked of how others perceived them to be intimidating when meeting them in a social setting, due to their height. One could suggest that this reaction was due to the tallness not fitting into the stereotypical expectation of the height of a woman. The women in the study by Firmin et al (n.d) made the personal physical adjustment of slouching, to make them appear smaller, which they termed as bad posture, suggesting the need for social well-being was over-riding the potential for physical well-being on social situations.

Indeed, this stereotypical expectation seemed to influence the male participants in the UK study by Chu and Geary (2005). Male and female participants (n=84) offered perceptions of the characters of images of two women, casually dressed in a street scene, one tall and one small. The outcome of the study in relation to the work-related characteristics have been mentioned previously in this literature review (both male and female participants perceived the taller woman in the image to be more intelligent, assertive and ambitious). Male only participants perceived the shorter woman (5ft 1in/1.55m) in the photo to be expressive (nurturing, considerate, homely) but not the taller woman (5ft 10in/1.78m). Whilst this could be considered a male stereotypical perception of a woman and femininity (Rayner,



Pyett and Astbury 2010), it must be highlighted that the unknown heights of the participants in the study, could influence their perceptions (Chu and Geary 2005).

Others also suggest that a very tall stature, particularly in women has been associated with potential social disadvantages, such as negative staring (Lever et al 2007) and social isolation (Rayner, Pyett and Astbury 2010). This may link to the historical western cultural norm in heterosexual relationships for a male to be taller than his female partner. Research by Hensley (1994) re-affirmed this. Hensley (1994) surveyed 594 American college students (male and female) who completed a questionnaire relating to their height, the preferred height of a partner and their relationship status. The study found that the both male and female participants preferred the male to be taller in a heterosexual relationship. Whilst the taller male was perceived to be more attractive and desirable, there seemed to be a ceiling effect to 6ft/1.83m. Men taller than this height were not perceived to be at an added social advantage in terms of the heterosexual relationship.

Geary, Vigil and Byrd-Craven (2004) discovered that women like taller than average men when considering the ideal intimate partner. Some desirable male physical characteristics were uncovered, including broad shoulders and narrow hips, prominent cheek bones, and a masculine chin, as these all suggested good health. This links to higher desirability in relation to a reproductive perspective and also the perspective that a larger male stature symbolizes a protective role (Geary, Vigil and Byrd-Craven 2004). Murray (2000) found in his study that taller men are more likely to be married and potentially therefore gain the benefit of marital protection which could enhance longevity of life.

When considering human mating preferences with respect to height in relation to actual pairings, research by Stulp et al (2013) reaffirmed previously considered perceptions of the male being taller than the female within a pairing, but not too tall. In this UK study, the preferred height increased with the height of the participants, and in addition preferred height depended on the height of the participant (Stulp et al 2013). In actual pairings, when these preferences were not adopted, the variance was only slight. Shorter women and taller men were found to have the greater partner height differences, a situation termed 'lost space' by tall female participants in Firmin et al's (2012) study. The pairing of a taller female with a smaller man with a larger height difference was rare (Stulp et al 2013). This large-scale study (n= parents of 18,819 parents of the Millennium Cohort Study (Centre for

Longitudinal Studies n.d.) therefore indicates that societal expectations that the woman will be smaller than the man in a heterosexual relationship is prevalent today.

Remaining with the focus on relationships, is the concept of a 'great date', which formed part of the questionnaire completed in a study of 303 females aged between 17 and 36 years (Furnham and McClelland 2015). A series of 16 hypothetical dates were ranked on an eight-point scale, and the dates had categories in age, professional status and height.

Overall, the women in the study preferred men from their own racial background, who were tall and from a good social status. The preference for a taller man was also demonstrated in later research by Yancey and Emerson (2016), who examined height preferences in romantic coupling by viewing date site information and implementing an on-line survey. Both male and female participants in the study rated the preference of a taller man in heterosexual relationships, but particular emphasis for this preference was seen within the female data. Again, the stereotypical view of the male-female height preference in romantic heterosexual relationships seems to prevail. Previous research has not taken into account the views and experiences of very tall young adults, who may be engaging in romantic relationships as part of their everyday life. The present study has sought to explore experiences and views of very tall and extremely tall young adults, along with management of any societal stereotypical height expectations in relation to romantic relationships.

Previous research and literature highlights that there are some advantages and challenges to being tall, which is influenced by society's view on tallness for men and women. It is important to consider how tall people might feel about their height, in view of societal expectation. In America a large general population survey (n= 59,632) on perceptions of height, with both men and women included as participants, demonstrated that three quarters of the women who were 6ft/1.83m were satisfied with their height (Lever et al 2007). The data of the women over 6ft/1.83m was not disseminated. The majority of tall men were satisfied with their height, however those in the very tall range of 6ft 11in/2.11m expressed dissatisfaction. In contrast men and women of a short stature were less satisfied with their height. Percentages of participants in relationships were similar across the height bands of the study. The data from Lever et al (2007) highlighted that for many who were tall, satisfaction with height was greater than perhaps would be expected. It is important to remember that those in the study with extreme tall stature were not reported

upon in detail, but showed dissatisfaction. This is an area requiring further research, and the present study explores how UK young adults with very tall and extremely tall stature feel about their height.

Continuing the focus on feelings about height, Frederick, Peplau and Lever (2006) completed a large survey (n=52,677) in the USA, whereby heterosexual adults of ages ranging from 18 years to 65 years, were asked to consider their body image. The research asked participants to consider the association of age, gender, body mass index and height with body satisfaction. With specific focus on the data relating to height, most men who were shorter than average wished to be taller and the majority of men who were above average height felt satisfied. In terms of women, the shorter than average women were less likely to be happy with their height. Most average height and tall women were satisfied with their body image, but the very tall women (6ft 1in/1.85m and 6ft 2in/1.88m) in the tall bracket were less satisfied with their height. This seems to suggest that for tall women in the study there was a cut-off point of satisfaction, which resonates with the previously mentioned study by Lever et al (2007) for men in the very tall range of 6ft 11in/2.1m. The cut-off point of satisfaction has also been shown in research to have led to surgical and medical management of predicted adult tall stature, and will be discussed further in section 2.3 of the literature review page 31.

How men and women felt about other people's height was considered in a study by Buunk et al (2008). Women with a very tall stature were predicted to be jealous of typical height women (Buunk et al 2008) but less jealous than shorter women. In addition, Buunk et al (2008) established that typical height women were jealous of the perceived associated positives of the taller women, such as dominance and power. Taller men, however, appear to be less likely to be jealous of other men (Buunk et al 2008). This could be due to a general societal consensus of how height is symbolised in men, with the taller man being seen to be dominant, a desirable potential mate due to perceived good genes (Buunk et al 2008), and more likely to be successful than a shorter man.

Whilst some research has outlined how those with a very tall stature feel about their height, there is little previous published research which focuses on how very tall adults cope with their diversity of height and manage their everyday lives in the social environment. Accounts provided by Looseleaf (2007) and Torre, Bailey and Epstein (2011) highlighted how societal

expectations relating to tallness challenged occupational engagement and influence occupational choice. Looseleaf (2007) shared difficulties that a tall female ballet dancer (5ft 11in/1.80m) faced in a profession that encouraged a smaller stature. It appeared that tallness in this occupation created barriers to opportunities, which could be argued as a form of heightism against taller people. Society expectations were such that a female ballet dancer should be smaller than 5ft 11in/1.80m. Torre, Bailey and Epstein (2011) share how a stature of 7ft/2.13m plus, evoked societal expectation of a career in basketball, even if the person of that stature did not wish to choose this vocation. Whilst they suggested that the occupation of basketball in some way justified this extreme height, some of the players had to be persuaded into professional basketball because of their height (Torre, Bailey and Epstein 2011).

Challenges of everyday life for those with extremely tall stature included managing reactions of others. Whilst resigned to the fact that they would be seen as atypical members of their general communities, with resultant reactions such as staring, verbal comments and pictures being taken, retired basketball players showed concern at the lack of sensitivity and privacy accorded to them (Torre, Bailey and Epstein 2011). Different ways of managing were expressed, including trying to ignore the attention they attracted, taking comfort in being around other very tall men in the retired basketball association and for one person, starting his own retail business selling clothes and shoes for the very tall male (Torre, Bailey and Epstein 2011).

The difficulties experienced by the retired basketball players (Torre, Bailey and Epstein 2011), resonated with very tall young female college students (average height 6ft/1.83m, ages 18-22 years) in the study by Firmin et al (2012). They found they were being seen as different, and experienced some social interaction awkwardness. Similar to the retired basketball players, the women in Firmin et al's (2012) study, found support by friendships with other tall women. The study also focused on self-perceptions of the female participants, and of interest is that some participants felt that their tall stature was a positive aspect of their identity; their height defined them. Of some concern is that when specifically asked about positive aspects of their height, all participants reported no positive benefits (Firmin et al 2012). The study focused on how the women participants managed friendships and personal relationships and consideration was given to whether a tall stature

influenced these relationships. The participants in the study explained that they particularly struggled to find a taller male partner for an intimate relationship, due to a limited pool of taller candidates. This narrative re-affirms societal expectation of heterosexual relationships as outlined by Stulp et al (2013) and Furnham and McClelland (2015).

The research by Firmin et al (2012) is of particular importance to the present study, being of a qualitative nature and including participants within the same height percentile. Strengths of the research by Firmin et al (2012) included details of the sample, which enabled a consideration for transferability. Of interest was the ethnicity of the participants; all but one of the participants were Caucasian, but this was seen as representative of the population of that particular college (Firmin et al 2012). Steps to enhance the rigour of the study were articulated and included verification of data through a triangulation of means, including research team consensus, member checking, and a data trial.

An earlier study by Farman (2010) explored the experiences of nine very tall women and discovered that tall stature held positives for the participants. This was a different finding to the study by Firmin et al (2012) who uncovered no benefits of being tall and female. The advantages in the study by Farman (2010) included being taken more seriously than shorter female friends, given more respect than shorter women and an increased opportunity to be noticed. Of interest were the ages of the participants in Farman's (2010) study, who were between 25 and 58 years, so an older group of participants. Height of the participants in Farman's (2010) study were between 6ft/1.83m and 6ft 2in/1.88m and so comparable to the heights of the participants in Firmin et al's (2012) study and the participants in the present study. A limitation of Farman's (2010) study is that it is available only as a doctoral thesis.

Firmin et al (2012) recommended further research to study very tall stature in women across the life span. Whilst the earlier unpublished study by Farman (2010) adds to the research, both studies do not consider the broader perspective of well-being, nor focus in detail on managing everyday life. In addition, both studies were undertaken in the United States of America (USA). The present study addresses these gaps to enhance a more comprehensive picture to emerge in relation to how very tall UK young women manage diversity of stature within everyday life.

From a male perspective, Torre, Bailey and Epstein (2011) identified accessibility issues in terms of the everyday living environments of the basketball players, including fitting through doorways and being able to take a bath. Wilkes (2015) also highlighted similar difficulties for a young 7ft 1in/2.16m UK student, such as managing the everyday environment and having to cope with frequent comments from others. Unfortunately, it could be argued that the angle of representation of this information (“meet the real-life BFG (Big Friendly Giant’) in the national press (Wilkes 2015) could prompt a view of peculiarity and spectacle; which in turn would reinforce some of the social reactions that the student was already dealing with on a regular basis.

Further challenges exist for tall men if they are black. The accolades mentioned already in this literature review in relation to tall males are not afforded tall black men, who tend to be seen as a threat. Hester and Gray (2018) carried out three studies to investigate whether tall black men were more threatening than shorter black men and shorter and taller white men. The first study considered the New York Police Department stop and frisk activity between 2006 and 2013 and considered whether police officers disproportionately stopped and frisked tall black men. Data was restricted to heights between 5 ft 4in/1.63m and 6ft 4in/1.93m. “At 5ft 4in/1.63m, police stopped 4.5 Black men for every White man; at 5ft 10in/1.78m, police stopped 5.3 Black men for every White man; and at 6ft 4in/1.93m, police stopped 6.2 Black men for every White man” (Hester and Gray 2018: 2712). The results of the first study indicated that taller black men were likely to be stopped more frequently than shorter black men and shorter and taller white men.

The second study Hester and Gray (2018) involved manipulating height and race to see if it impacted on perception of threat and competence. 200 participants (73% white, 42% women) viewed 16 photographs of young men, 8 photographs of white men and 8 photographs of black men. Each 8 had two photographs, one looking up and one looking down. Participants perceived those looking down to be taller. The photographs were rated in terms of aggression, threat, attractiveness, likable and competent. Participants also completed The General Social Survey (2018) to determine their views on black threat. The outcome of this study was that tall black male photographs were linked to threat, particularly for those participants whose views coincided with this discriminatory stereotype, whilst tall white male photographs were linked to competence.

Study three (Hester and Gray 2018) used 20 photographs of young black men and 20 photographs of young white men and provided some descriptions of scenarios where participants would encounter them. The descriptions were manipulated to either suggest the participant would be shorter or taller than the person in the photograph. 208 participants took part in the study, of which 75% were white, and 61% were women. Participants undertook the General Social Survey (2018) to consider their views in relation to black threat. Similar results to study two occurred in that the taller black male was seen to be threatening. The overall outcome therefore of all three studies (Hester and Gray 2018) was that for people who perceived black people to be threatening, if they were also tall, that threat increased. Sadly, recent events around the death of George Floyd, a tall black man (6ft 4/1.93m) at the hands of Minneapolis police (BBC News 2020) appears to resonate with the stereotype that a tall black man is seen as a greater threat.

Tall stature can be a challenge, as highlighted by Hester and Gray (2018), as well as a positive in society. For some, the concern about standing out with diverse tall stature has led to medical or surgical intervention at a pre-adolescent stage to limit the expected final adult height. The final section of the literature review will consider the research and literature that has explored the medicalisation of height.

### **2.3 Management of Very Tall Stature**

The management of tall and very tall stature for females and males (those with predicted heights of 2 standard deviations from the mean height in a given population (Rayner, Pyett and Astbury 2010)) has included the use of sex hormone treatment to accelerate epiphyseal fusion of long bones in pre-adolescent and adolescent children since the 1950s (Benyi et al 2010). Cohen and Cosgrove (2009) chronologically considered the development of hormone treatment as a medical intervention, highlighting the failures, successes and accompanying side effects (both physical and mental). They discussed how social concern by parents in relation to children who were 'too tall' or 'too small' had been repackaged as a medical problem to be treated, at some financial, emotional and physical cost to the recipients and their families. It is important to note that Cosgrove was treated with hormone therapy as a child to limit her growth (Cohen and Cosgrove 2009) and writing will therefore have an 'insider' perspective. This comprehensive account by Cohen and Cosgrove (2009) has been underpinned by a wealth of evidence, demonstrating a thorough investigation by the

authors who are journalists by profession. The overall perspective was one of concern. This concern was echoed by others. Barnard, Scialli and Bobela (2002) highlighted concerns relating to potential long term side effects from hormone therapy, including fertility problems in women (Venn et al 2004) and a link to an increased risk to cancer related conditions. Benyi et al (2010:1) listed side effects in both boys and girls undergoing hormone therapy, with the most serious being a possible increased risk of venous thrombosis. Jordan et al (2007) found no long-term side effects in relation to lactation problems, although short term side effects of hormone therapy included breast related problems.

There have been studies over the last 23 years which have showcased some success with hormone therapy. Binder et al (1997) demonstrated some reduction of final height among a small sample of 220 male and female participants, with most reduction occurring in those who had started the hormone therapy earlier in age. However, final height was provided by the participants via a questionnaire, and so it could be argued that the validity of the data could be compromised. The treatment was tolerated by most of the participants, with some experiencing side effects. Two male participants withdrew due to the side effects experienced. Participants who had and who had not received the hormone therapy were happy with the outcome, as long as it met their desired adult height (Binder et al 1997).

Around the same time a study completed by Bettendorf et al (1997) identified that short term, high dose testosterone intervention did not reduce adult height in males with constitutional tall stature, and also that the length of treatment may have influenced the outcome. A recommendation by Bettendorf et al (1997) was to approach this intervention with caution, to commence at the onset of puberty and continue until complete fusion of the epiphysis. The authors did not discuss any side effects but it could be argued that there was intimation of some concern, as cautious consultation with the young person and the family was recommended. It is important to note that a small sample was used for this retrospective study, which would impact on generalizability of results.

In a later study by Reinehr et al (2011) high dose testosterone treatment on 161 adolescent boys demonstrated that the hormone therapy did reduce adult height for the participants. The study by Reinehr et al (2011) separated the participants into two groups and administered different doses (a higher dose in group A). The dosage was provided every two



weeks and was provided for a longer period in Group A – mean average of 14 months. The boys in both groups were comparable in terms of age, height, predicted adult height and bone length. The interesting additional result from this study, was that outcome in the lower dosage group was as effective as the higher dosage group. The outcome measure used in the study by Reinehr et al (2011) was found to be inaccurate in the study by Bettendorf et al (1997) and thus brings into question the outcome of the study by Reinehr et al (2011).

There seemed to be a varied outcome in terms of success, with some note of caution, which was echoed by Carel et al (2009) who utilised hormone therapy with 35 girls of constitutional tall stature. Whilst some effectiveness in terms of reducing adult height was evident, side effects in terms of gastrointestinal adverse events affected 33 of the 35 participants (Carel et al 2009). The variance in time span of hormone therapy and also the lack of a control group, potentially limited the strength of the outcome of this research. One participant withdrew from the study due to side effects experienced. Similar results were found in a small study (108 matched pairs) by Venn et al (2008), where some effectiveness was found in final height reduction, but this was limited. The intervention was most effective on participants who were younger.

A later study again on hormone therapy for tall girls (Upners and Juul 2016) considered retrospectively 304 patients in one centre in Denmark. The patients had been considered for hormone therapy due to their constitutional tall stature. 59 of the young girls were treated with hormone therapy and final height was available for 29 of the 59. A modest reduction in height was observed, 1.6cm plus/minus 2.1cm, which the researchers suggest was due to bone age of the girls being perhaps more advanced. The median age for the treated girls was 12 years. Six of the 59 girls experienced mild side effects. Upners and Juul (2016) acknowledged that the study was at risk of bias. Girls were treated individually, the dose of hormone therapy and duration varied and different clinicians carried out subjective assessments. Predicted adult height was also at risk of error, but overall the researchers found the intervention to be clinically acceptable (Upners and Juul 2016).

Whilst Louhiala (2009) outlines a perceived change in how tallness is embraced in society, the hormonalization of women (Bell 1995 cited in Rayner, Pyett and Astbury 2010), through the use of medical intervention is still offered to suppress growth for tall adolescents,

mainly girls (Upners and Juul 2016). In addition, some adult individuals with very tall stature have considered surgery to reduce height (ITV 2003). Alexander and Hindmarsh (2004) and Thomsett (2009) suggest that referral for intervention to reduce height is becoming more unusual as society is potentially becoming more accepting towards height variation.

Hormone or surgical treatment is usually provided for psychosocial reasons (Barnard, Scialli and Bobela 2002), to enable the very tall individual to 'fit in' to the expectations of society in terms of gender and height. Alexander and Hindmarsh (2004) suggest that the taller stature is becoming more accepted in society and can be seen to be advantageous. However, they do also identify that for some with a tall stature, psychosocial problems may arise depending on the culture of the individual, the gender, the occupation, society generally and psychosocial and practical issues of the individual. Moon and Davies (2009) indicate that sex hormone therapy should only be provided if psychosocial issues are significant, and that the first line of management should be reassurance to young tall people and their families.

For those whereby reassurance is not enough to allay concerns, an alternative more contemporary method of treating extreme height in adolescents can be provided through a surgical procedure, percutaneous epiphysiodesis, which takes place around the knee (Benyi et al 2010). This procedure removes 25% to 50% growth plate at the femur and tibia, thus enabling the commencement of formation of bony bridges across the physis to ensure complete elimination of growth (Benyi et al 2010). It has been used for many years in the treatment of leg length discrepancy, but is now a procedure adopted to reduce the final height stature on tall adolescent boys and girls. In the study carried out by Benyi et al (2010) data from 21 subjects was provided demonstrating that the surgical intervention had reduced final height in adolescent boys by around 6cm and in final height of adolescent girls by around 4cm. However, the study did have its limitations, in terms of its study size and the lack of randomisation of the untreated control group. The authors considered the treatment to be safe, with no long-term effects and only mild short-term discomfort, such as pain. However, data was not collected on all participants in terms of hip-knee-ankle angles and femur and tibia lengths due to technical and practical problems, which hindered the verification of the efficacy and safety of the intervention (Benyi et al 2010).

A previous study by Odink et al (2006) also demonstrated success in reducing final adult height via the adoption of percutaneous epiphysiodesis. However, Inan et al (2008) argued against the success of this procedure. Benyi et al (2010) did outline some minor side effects which resolved relatively quickly and completely. They also acknowledged that this was an invasive procedure on otherwise healthy individuals and that careful pre-operative assessment and diagnosis should be conducted, with treatment being carried out by professionals with expertise in the procedure. Upners and Juul (2016) agreed on the invasive nature of this procedure on otherwise healthy young people. Three young girls in the centre utilised by Upners and Juul (2016) for their study on hormone therapy received surgical epiphysiodesis as well as hormone therapy, but the specific results relating to subsequent height reduction were not included in the analysis provided.

## **2.4 Psychosocial Considerations Relating to Tallness**

Reflecting on the interventions that adolescent tall girls and boys are being introduced to in order to reduce their final height with limiting success, it is of some concern that alternative methods of helping the young people and their families manage the psychosocial concerns linked to tall stature are not more prominent in the literature. This reflection is echoed by Lever et al (2007) who advocate for psychological interventions and promotion of societal change for the management of tall stature, as opposed to medical intervention that could have possible long term side effects.

As part of their mixed method study, Binder et al (1997) collected data from tall male and female participants via a questionnaire on psychosocial aspects relating to their stature. They were asked to consider their ideal and maximum tolerable height in men and women, their thoughts on the advantages and disadvantages of being tall, and their opinion of either having the hormone therapy or deciding not to have the hormone therapy. The accepted height for women provided by the female participants was 6ft/1.83m whereas the accepted height for woman provided by the male participants varied. The males who received the hormone therapy (who were taller than the control group) felt 6ft/1.83m was the maximum accepted height for women, whereas the control male group felt 5ft 6in/1.68m was the tallest acceptable height for women. In relation to acceptable male height, all groups, both male and female felt between 6ft 6in/1.98m was the maximum acceptable height (Binder et al 1997). Of interest is the typical criteria for commencing hormone therapy (Parmar et al

2014), which resonates with the maximum tolerated heights in the study by Binder et al (1997). Female participants with heights above 6ft 1in/1.85m tended to be disappointed with their height (Binder et al 1997).

Disadvantages of tall stature included teasing (more prevalent in the participants who received hormone therapy – however they were taller) and also difficulty in finding suitable clothes (Binder et al 1997). The male participants also struggled with furniture and vehicles. The most advantageous aspect for all participants was the enhanced self-respect felt through height, which interestingly was most prevalent in both men and women in the control groups (again potentially because their height was shorter than the treatment groups). Unfortunately, a large proportion of participants felt there were no advantages in height, particularly in both male and female treatment groups.

Pyett et al (2005) surveyed 844 female Australian participants to determine whether they were satisfied with their decision either to receive or not receive hormone treatment. Most women were satisfied with their height, but those who had been treated were less likely to be satisfied, particularly when their actual final height was either only slightly less than predicted height or higher. Qualitative data (Pyett et al 2005) indicated anger at disempowerment of decision making, embarrassing experiences of assessment, the feeling that there was something 'wrong' with them due to their height, and the concern that the therapy would impact on them and any children they might have later in life. Pyett et al (2005) pointed out that although hormone therapy was provided for psychosocial reasons, none of the sample had received a psychological assessment prior to being offered the hormone therapy, and hence decisions on whether to treat seemed to be based on the accepted norms of height at that time.

Turning the focus towards psychological well-being, limited research is available in respect of the consideration of mental health for those of a very tall stature. A large retrospective study by Bruinsma et al (2006) considered psychosocial wellbeing of tall female adolescents and women who had been assessed or treated for extreme height. Comparisons were made between the 650 participants and it was found that there was a prevalence of lifetime major depression within both the treated and untreated groups. A number of suggested causes have been offered, including the methods of assessment of heights of adolescent girls by medical personnel, which some of participants found to be intrusive and upsetting.

The focus on height at an early age by the young girls, their parents and medical personnel, may have had an impact on longer term mental health. The authors also suggest that potentially there is a link between tall stature, in itself and depression (Bruinsma et al 2006), although the study could not prove this due to sample limitations (all being tall).

## **2.5 Rationale for the Present Study**

The stories of very tall men and women, in terms of how they manage their diversity of stature in everyday life, including how this links to their wellbeing, have not been extensively explored. Previous research has mainly been quantitative to gain the views and opinions of members of society, including tall people, on perceptions of tallness. There is very limited research into the physical well-being of the taller person who negotiates the average-height built environment on a daily basis. The stories of how tall people have to adapt both their posture and environment, to fit in, have not been told.

Binder et al (1997), Lever et al (2007) and Firmin et al (2012) all highlight the paucity of research into psychosocial experiences of adults with tall stature. Binder et al (1997) found in their study that stigma of tall stature was gender specific, with females experiencing a greater degree of teasing. Lever et al (2007) stressed the need for the voice of the very tall woman to be heard, in terms of feelings about stature, to assist medical and counselling personnel to give well informed guidance and recommendations to parents of tall children who had concerns about height. Firmin et al (2012) in their study of 24 female US students with very tall stature, wished to assist in the potential building of a model to facilitate greater positive self-perception in very tall women. The present study aims to assist in this directive, and to broaden the perspective to include the voices of very tall young men. Research to date demonstrates that those men who are very tall, express dissatisfaction, but no detail is provided (Lever et al 2007).

It could be suggested that whilst tall stature is seen to be a positive, those who are extremely tall do not experience such an accolade from society. Previous research appears to suggest that acceptance, (both personal to the tall young person and to those in society), of degree of tallness has a tipping point, with medical and surgical intervention being offered to those who move over this threshold. Narrative from very tall people in relation to the concept of a threshold of acceptance is lacking and this has been addressed within the

present study. Stereotypical thinking and expectations from those in society in relation to tallness and degree of tallness can provide opportunities and impose challenges on very tall adults. This is an area that has been researched quantitatively and not from the perspective specifically of those that are tall. The present study has captured the experiences of everyday lives for the very tall and extremely tall young UK adult and the stories gathered include management of stereotypical thinking and expectations of others.

Hearing the narrative of very tall adults, their experiences, the positives and the challenges of living with diversity of stature provides a unique addition to the field of research relating to tallness. Carrying out qualitative interpretative research, adds to the narrative already captured in relation to tall women (Farman 2010, Firmin et al 2012) and includes the male story. The present qualitative research study offers findings that could be supportive to tall peers, and raise awareness to others in society in terms of ways of managing diversity of height.

## **2.6 Summary**

This chapter has critically considered background literature and research, which relates to the present study focus. The environment, both physical and social, have been explored, and have uncovered some challenges alongside opportunities. Tall stature is seen as an attribute for some, particularly white males. Tall females do not fit the societal stereotypical expectations of the stature of women and tall black men tend to be viewed as a threat. Social dynamics can be a challenge when standing out from the crowd, and taller adults experience reactions from others which can be based on stereotypical thinking. The built environment caters for the average height adult. The very tall have to adapt to physically fit in, which can cause additional financial outlay and physical well-being issues due to poor postures adopted.

There appears to be a tipping point of what height is acceptable in society in terms of tallness. This has led to some parents introducing their pre-adolescent tall children to the prospect of medical or surgical intervention. Historically, the management of predicted very tall stature of adolescent boys and girls has been medicalised to assist in the alleviation of anxieties and concerns at a psychosocial level. Evidence suggests that surgical intervention and hormone therapy are still offered to some tall adolescents and children (Benyi et al

2010, Upnars and Juul 2016). Lever et al (2007) highlighted that hormone therapy is now mostly offered to young girls whose height challenges the conventions of society's expectations, thus placing psychosocial stress on tall girls. The impact on psychological well-being for those who have a very tall stature has been considered.

Most of the research within the review comes from a quantitative, scientific perspective. The voice of the very tall women is beginning to be heard (Farman 2010, Firmin et al 2012) but research in this area is limited. There appears to be no qualitative research that captures the experiences of the very tall male. The rationale for the present study has been highlighted and the following chapter will outline the methodology and methods used to undertake the present study.

## **Chapter 3: Methodology and Methods**

### **3.1 Introduction**

The term 'methodology' encompasses both the philosophical research stance, and the actual methods of the research (Finlay 2006). It is influenced by philosophical, theoretical elements such as ontology and epistemology (Holloway 2008). These elements subsequently suggest a research paradigm, a belief system, which directs both the research process and the researcher (Savin-Baden and Howell Major 2013:525). The theoretical foundations of a research project determine the research approach and the methods adopted and all must align with the research question. This chapter will commence with the research question, aims and objectives for each of the two phases of the study. The introduction has already provided the collective research question and aims. The research question has informed the methodology and methods that were subsequently adopted. A critical discussion relating to theory underpinning the PhD research study is offered and encompasses the chosen philosophical research stance and research approach. The chapter then moves forward to consider the methods employed, by articulating the research design, consideration of ethics, sampling, data collection, data analysis and steps to enhance rigour.

### **3.2 Research Question, Aims and Objectives of each Phase of the Study**

#### **3.2.1 Research question:**

##### **Phase I**

What are the experiences of UK very tall young adults in relation to managing everyday occupations and well-being?

##### **Phase II**

How do UK young adults with a stature on the 99.9 percentile or above for height, manage their everyday lives and well-being?

The study aims and objectives from both study phases are summarised in table 1.



**Table 1: Aims and Objectives from Phase I and II of the study**

<b>Study Phase</b>	<b>Aims</b>	<b>Objectives</b>
<b>Phase I</b>	To gain the occupational narratives of UK adults with a very tall stature.	To consider if a very tall stature has an impact on the occupational choices made by UK adults.
<b>In relation to occupation:</b>	To explore any potential strategies adopted for the engagement of everyday occupations from the perspective of UK adults with a very tall stature.	To establish if occupational engagement and performance are influenced by very tall stature.
	To share any strategies with relevant audiences.	
<b>Phase I</b>	To gather the experiences of well-being of UK adults with a very tall stature.	To discover how very tall UK adults manage the diversity of their height across a specific life span.
<b>In relation to well-being:</b>	To explore the perceptions of identity of very tall UK adults.	To consider if height is perceived to influence identity.
	To build a collection of strategies for managing diversity of height, for sharing with relevant audiences.	To explore any impact on well-being (psychological, social, physical, financial) for UK adults with a very tall stature.
<b>Phase II</b>	To gain the occupational narratives of UK young adults with a stature on the 99.9 percentile or above for height.	To consider if a stature on the 99.9 percentile or above for height has an impact on the occupational choices made by UK young adults with that stature.
<b>In relation to occupation:</b>		To establish if occupational engagement and performance are influenced by the environment for UK young adults with a stature on the 99.9 percentile or above.

To establish if occupational deprivation is experienced by UK young adults on the 99.9 percentile or above for height.

To explore if tall stature on the 99.9 percentile or above for height influences occupational identity for UK young adults with that stature.

To explore strategies adopted for the engagement of everyday occupations from the perspective of UK Young adults on the 99.9 percentile or above for height

**Phase II**  
**In relation to**  
**well-being:**  
To explore the experiences of UK young adults with a stature on the 99.9 percentile or above for height in relation to how they manage well-being.

To discover how UK young adults with a stature on the 99.9 percentile or above for height manage the diversity of their height and any feelings associated with this.

To consider if tall stature on the 99.9 percentile or above is perceived to influence social identity and/or personal identity for UK young adults who have that stature.

To explore strategies for managing well-being (physical, social, psychological and financial) for UK young adults with a stature on the 99.9 percentile or above for height.

To explore how UK young adults with a stature on the 99.9 percentile or above for height manage potential reactions of others in the everyday environment.

### **3.3 Philosophical Research Stance**

It is important to consider the underpinning research theory and perspective that will support an enquiry to be explored within a research framework (Carpenter and Suto 2008:60). The nature of the enquiry articulated in the research study fits with an ontological view that there are multiple realities and many truths to be discovered, and that the researcher will gather the truth of the day from the participant via narrative means (Tracy 2013). Savin-Baden and Howell Major (2013) articulate this as idealism, with reality being seen to be subjective and either constructed by individuals or groups. The view of reality being an objective perspective, articulated as realism by Savin-Baden and Howell Major (2013), is rejected, although this perspective does acknowledge a social reality, alongside a physical reality.

The idea of a social reality is appealing as the present research enquiry embraced a theoretical framework of identity and belonging within the social world. Social reality is also securely embraced within idealism, which is the ontological view adopted within the research study. Through the use of Interpretive Phenomenological Analysis (IPA), a research approach stemming from phenomenology (Savin-Baden and Howell Major 2013) and thus drawing on symbolic interactionism (Brocki and Wearden 2006, Biggerstaff and Thompson 2008, Smith et al 2009), social reality can be argued to entwine with the individual perspective of reality developing from the mind and experiences of the participant in the context of the social world. The research approach is discussed in further detail in section 3.3.1 on page 44.

The study endeavoured to produce knowledge through inductive means. However, in order to do this, the individual realities and multiple truths from participants needed to be gathered. In terms of epistemology, the project embraced experientialism (Savin-Baden and Howell Major 2013) whereby knowledge provided by the participant is believed to develop through experience. Experientialism provides a view on reality as dynamic, and thus open to change (Savin-Baden and Howell Major 2013). The researcher, when reflecting on this statement, and in consideration of the focus of the study, immediately drew on her professional background as an occupational therapist. The day to day life of the participants involved engaging with varied physical, social, cultural and institutional environments (Townsend and Polatajko 2007), which, alongside managing occupational opportunities and

challenges, could evoke such change. This change, in turn, was suggested to influence the knowledge experienced and shared by the participants.

The researcher was mindful of the importance of the chosen research paradigm linking effectively to the ontological worldview and the perspective of how knowledge is accrued, all of which must map appropriately to the research enquiry set. The relevant paradigm for the study stemmed from the philosophy of phenomenology (Savin-Baden and Howell Major 2013:3) in the form of an interpretive approach (Green and Thorogood 2014), and more specifically drew on an interpretive strand of phenomenology. The study therefore sits within a qualitative paradigm (Robson and McCartan 2016), rejecting positivism and post-positivism.

A critical consideration to links with social constructionism (Burr 2003, Hjelm 2014) has been reflected upon, as it could be argued that the participants' experiences were the output of living in the real world whereby reality is co-constructed – constructed between people. It could be suggested that people do not experience in isolation but by being in the real world, surrounded by others. Hence, the multiple realities that exist from the idealist ontological perspective could have been constructed with the help of others. This has caused a critical dilemma for the researcher who has reviewed the nature of the enquiry, the research question and focus, and the aims and objectives to confidently retain the original paradigm of phenomenology. Of reassurance to the researcher is that Robson and McCartan (2016:25) believe that some qualitative perspectives share features with social constructionism, such as phenomenological and hermeneutic approaches. For example, the inter-subjectivity of phenomenology (Holloway 2008) highlights that people live in a shared world and have access to others experiences alongside their own. The following section discusses the research approach of phenomenology in more detail.

### **3.3.1 Research Approach**

Phenomenology would appear to be an umbrella term (Finlay 2006) as it can be viewed as a paradigm (Hurley, Denegar and Hertel 2011, Savin-Baden and Howell Major 2013) but also as a philosophy (Bowling 1997, Savin-Baden and Howell Major 2013) as well as an approach (Holloway 2008) or series of approaches (Finlay and Ballinger 2006). In phenomenology generally the researcher is trying to establish the essence (the element that gives meanings)

of the experience for the participant and to consider similarities and differences across data sets (Carpenter and Suto 2008:69). More specifically, experiences connect intentionality of consciousness, which are the conscious memories and meanings for each person, (Cresswell 1998) with the external world, to include the social, historical and cultural context. The concept of intentionality was introduced at the initial, preparatory stage of the development of phenomenology (Spiegelberg 1994).

It would appear, from viewing the history of phenomenology by accounts provided from Speigelberg (1994) and Finlay (2011), that phenomenology developed in three stages, commencing with the preparatory stage, already mentioned above. The second phase, was initiated by Husserl (1859-1938), developing intuition further, introducing the concept of bracketing any preconceptions, and the importance of getting to (and remaining with) the essence of the phenomenon (Holloway 2008). It could be argued that the ability to bracket off previous knowledge and pre-conceptions is limited (Finlay 2011), but those that wish to adopt this strategy may find reflexivity a useful tool to assist. The third stage of the development of phenomenology argues against bracketing, identifying that the researcher will have some bearing on the research milieu (Finlay 2011). The truth of the day is seen to be co-constructed through the meanings articulated by the participant and the researcher (Lopez and Willis 2004). This stage embraces the importance of language and interpretation and draws on the work of Heidegger, amongst others (Finlay 2011), to include the hermeneutic cycle. The hermeneutic cycle embraces pre-conceptions/fore-understandings and does not requiring bracketing to occur. It includes the discovery of participant experience and subsequent understanding from the perspective of both the participant and researcher. This poses a challenge with interpretation in relation to prior and subsequent understanding (Finlay 2011:53).

Phenomenological studies seek to gain an understanding of a specific phenomenon from the perspective of the person experiencing it. There are a number of approaches to phenomenology and two of the most commonly known are descriptive phenomenology, which links to the second stage of the development of phenomenology, and hermeneutic or interpretive phenomenology (Carpenter and Suto 2008:61), which links to the third stage. Descriptive phenomenology very much stays with the detailed accounts from participants, whereas hermeneutic phenomenology moves into interpretation that both the participants

enter into through dialogue (the emic perspective) and the researcher's subsequent interpretation via analysis (the etic perspective) (Carpenter and Suto 2008). An experience of something, such as the experience of managing every-day life, is a complex phenomenon made up of many elements. Through interpretation of parts, an understanding of the whole can be determined, by both the participant and the researcher. This can be viewed as part of the hermeneutic cycle (Savin-Baden and Howell Major 2013) and is considered a double hermeneutic cycle as the researcher attempts to interpret the participant's interpretations of his or her experience.

Whilst the present project has taken a hermeneutic phenomenological perspective, the research approach utilised was Interpretive Phenomenological Analysis (IPA), which is "a structured version of hermeneutic phenomenology" (Finlay 2011:100). IPA provides some guidance to assist with analysis of data, which has been articulated as useful to the PhD student (Dean, Smith and Payne 2006), but should not to be viewed as prescriptive (Smith, Flowers and Larkin 2009). This strengthens the reason for its choice by the researcher of the present study.

### **3.3.2 Interpretive Phenomenological Analysis**

IPA is a relative newcomer as a phenomenological research approach (Finlay 2011). It is deemed a flexible research approach (Finlay 2011) and has gained popularity (Cronin-Davis, Butler and Mayers 2009) since its inception. IPA stems from health psychology (Clarke 2009) and has been utilised within a number of disciplines, such as occupational therapy (Hawtin and Sullivan 2011), nutrition and dietetics (Fade 2004), health psychology (Chapman and Smith 2002, Brocki and Wearden 2006) and business (Cope 2011).

IPA has been derived from the hermeneutic/interpretive branch of phenomenology and embraces an idiographic perspective; the individual nature of participants and their unique contexts (Pietkiewicz and Smith (2014). However, as Reid, Flowers and Larkin (2005) highlight, analysis incorporates the shared perspective as well as the individual account, as data are viewed for commonality across participants' stories as themes arise. When occupational therapists are exploring questions related to people's individual lived experiences within the wider socio-cultural environment, Clarke (2009) recommends the use of IPA. Cronin-Davis, Butler and Mayers (2009) echo the relevance of IPA to

occupational therapy due to a sharing of holistic principles and the value of the individual voice.

Due to the hermeneutic nature of IPA, bracketing is not required, as the views, experiences and values of the researcher are seen to be useful in interpreting the experiences of the participant (Clarke 2009). Fade (2004) argues initially as to whether this is therefore true Husserl phenomenology, due to the researcher interpretation of analysis, however, concedes that as it is seeking the emic perspective (as well as the etic perspective) it can remain both phenomenological and interpretive. One of the concerns relating to the involvement of the etic perspective is the potential for the influence of the researcher to overshadow the experience articulated by the participant (Cronin-Davis, Butler and Mayers 2009). The importance of reflexivity is highlighted to manage this potential threat to the credibility of the IPA analysis (Cronin-Davis, Butler and Mayers 2009). The double hermeneutic circle is embraced as one of the key elements of IPA, having been drawn from hermeneutic phenomenology (Finlay 2011).

The consideration of language, alongside understanding and meaning is seen to be of importance (Finlay 2011) and could, therefore, be argued to be very similar to discourse analysis (Potter and Wetherell 1987 cited in Chapman and Smith 2002:126). However, the importance of understanding how language links to the participant's thinking is acknowledged within IPA, whereas discourse analysis is doubtful of the opportunity to map this, preferring to focus more on the interactive element of the narrative (Chapman and Smith 2002). Of interest, Murray and Holmes (2014) argue that both discourse analysis and IPA pay little regard to the body, when considering language, and see this as a potential oversight when undertaking analysis.

### **3.4 Research Methods**

Research methods are the procedures utilised when carrying out the research (Finlay and Ballinger 2006, Savin-Baden and Howell Major 2013:333). They are linked to the research design, which in qualitative research can be difficult to articulate, as the variance between designs can be ambiguous (Green and Thorogood 2014). The present study adopted a two-phase design due to the unique focus of the phenomenon explored. Phase I of the study

utilised an unstructured style of interview to explore broadly the experiences of managing everyday life and well-being from the perspective of eight UK young very tall adults. The findings of the first phase directed the semi-structured interview schedule of the second phase of the study, to explore some concepts in greater depth with six further participants. Concepts explored in further detail included tall stature as a form of disability and whether tall stature was perceived to influence individual and group identity.

Research utilising an in-depth interview with a small sample could be argued to be situated between an observational study and a survey as outlined by (Green and Thorogood 2014). Green and Thorogood (2014) defend this statement by highlighting that interviews struggle to capture narrative from a truly naturalistic perspective, due to the artificial nature of the interview. In addition, the question/prompts used to facilitate the collection of data within in-depth interviews are not regimented to collect the exact same data from all participants. It is therefore seen to be a flexible research design (Green and Thorogood 2014), but with some limitations from a naturalistic viewpoint.

### **3.4.1. Ethical Considerations**

The importance of carrying out research in an ethical manner is paramount (Hurley, Denegar and Hertel 2011). The researcher adhered to relevant professional guidelines (United Kingdom (UK) Research Integrity Office 2009, College of Occupational Therapists 2015) being mindful that ethical practice was not a tick-box exercise but an approach to the whole research journey, from proposal, through the research-active stage, to write up and dissemination (Robson and McCarten 2016).

Ethical approval for the study was granted through the Coventry University Ethics Application process. Each phase of the study required ethical approval and two certificates of approval can be located at the front of the thesis (Phase I Project reference number P40791 approved 19 February 2016, Phase II Project reference number P69806 approved 21 May 2018). The detailed ethics application for both phases of the study can be found in the appendices as appendices 5 (page 244) and 6 (page 248). An ethics application timeline is also provided in appendix 7 (page 270). Three amendments were made and approved in relation to the second phase of the study. The first amendment was in relation to the focus on height. Originally the second phase was to enquire how UK young adults with a stature of two metres or above, managed their everyday lives and well-being. The tallest



participant in Phase I of the study was two metres tall and his narrative uncovered findings that benefited further exploration with others of the same height or above. However, by setting the criteria at two metres or above, this reduced the likelihood of finding female participants who met this criterion. Hence, the focus was altered and agreed at 99.9 percentile and above. A second amendment enabled the researcher to extend recruitment strategies to the use of her personal Twitter account as a platform to advertise the research project. A further slight alteration to the inclusion criteria of phase II was requested and agreed through the ethics process, in relation to reason for height, which extended from constitutional tall stature to include participants who had other reasons for tall stature. See the inclusion criteria in section 3.4.2.i, page 51 for further details. Appendix 8 (page 272) provides evidence that the three changes were agreed by the Ethics Department.

Robust ethical practice (Sim and Wright 2000) was adopted throughout the study, details of which are provided in table 2:

**Table 2: Ethical principles and accompanying strategies**

<b>Ethical Principles</b>	<b>Strategies adopted in the study</b>
Respect for autonomy of participants	<p>Participants were given the right to withdraw from the study up to and during the interview(s), and up to two weeks following each interview.</p> <p>A participant Information Sheet relating to the study was provided beforehand to participants, to enable informed consent to occur. A hard copy consent form was signed, with a copy provided to the participant and the researcher.</p>
Respect for Persons	<p>The researcher adopted an approach that showed respect and dignity to the participants. This involved unconditional positive regard to any information provided, using active listening techniques. The researcher completed a management of information plan, to adopt strategies to ensure confidentiality of information provided. The management plan was in line with Coventry University guidelines and subsequent GDPR regulations when they came into fruition (25 May 2018). Strategies for maximising confidentiality of information and data included storing electronic information on a secure OneDrive system provided by the university. Hard copy information and signed consent forms were stored in a locked cabinet in the researcher’s office within Coventry University. Signed consent forms were stored securely away from anonymised data. All information will be stored</p>

securely for three years post completion of the study and then securely destroyed (using shredding for paper information). Interviews were carried out in a confidential, yet public environment. Participants were allocated a number, for example participant one, to provide anonymity.

Beneficence	One of the outcomes of the research is the sharing of strategies amongst people with very tall stature, and thus potentially of benefit and support. The sharing of strategies to health and social care professionals, academics and students may also raise awareness and influence practice.
Avoid Maleficence	As part of the inclusion criteria, participants in both phases of the study were required to be in general good health. This was to ensure they felt well enough to engage in the interview, which could last up to an hour. A sensitive, empathetic approach was taken by the researcher, who remained observant of verbal and non-verbal communication. Each participant was encouraged to lead the interview and so held control over topics discussed. The researcher carefully considered potential harm to participants (psychological) and offered a sheet to signpost to relevant agencies for support, such as a national community group for tall people, the participant's General Practitioner (GP), the charity MIND, offering mental health advice and support, and the Samaritans help-line at the end of the interview. The researcher considered potential harm to self and lone working strategies were adopted. For example, interviews did not take place in the home of the researcher or participant. There were several avenues of support for the researcher, such as the supervisory team, the counselling service at the University, and the GP.
Fairness and Honesty	The researcher documented and articulated clearly the expectations of participants, and the focus and aim/objectives of the research. Opportunity to engage was as inclusive as possible via diverse sampling avenues.

### **3.4.2 Sampling**

A specific sample was required for the study, in order to address the question, aim and objectives. The inclusion criteria utilised are provided, along with the sampling and recruitment strategy.

### **3.4.2.i Inclusion Criteria:**

The sample were UK young adults with:

**Phase I:** Constitutional very tall stature

**Phase II:** Extremely tall stature as a result of any of the following:

- Constitutional tall stature
- Chromosomal disorders
- Genetic Syndromes
- Increased growth velocity
- Precocious puberty
- Growth hormone excess related to pituitary adenoma
- Sex steroid excess

UK young very tall and extremely tall adults who had no underlying pathological cause for their height (hence a familial or constitutional tall stature), were eligible to take part in phase I and phase II of the study. Constitutional tall stature is the most common cause of tall stature (Moon and Davies 2009) and provided an additional homogenous perspective to the sample. The second phase of the study had broader inclusion criteria relating to reasons for gaining an extremely tall stature. The rationale for the broadening of inclusion criteria was twofold. Firstly, the study was focusing on everyday life of participants, not on the reasons for gaining a tall stature, and narrative from Phase I uncovered no depth of conversation into reasons for tallness. Secondly, the taller start height for inclusion in Phase II (see below) meant that there would be a smaller population available, therefore, a wider eligibility in terms of reason for tallness would maximise the potential for gaining relevant participants.

Height inclusion criteria:

**Phase I:**

Women: 6ft/1.83m and above

Men: 6ft 5in/1.96m and above

**Phase II:**

Women: 6ft 2 in/1.88m and above

Men: 6ft 7in/2.01m

The first phase of the present study had a height inclusion criterion of 6ft 5in/1.96m and above for men and 6ft/1.83m and above for women. Phase I study height was classed by the researcher as a very tall stature, as shown in table 3. It was specifically chosen due to relevance from within the literature. Parmar et al (2014) cited such heights as examples of when hormone treatment was considered to reduce predicted final height in tall pre-adolescents. In addition, a survey on societal acceptance of tallness (Binder et al 1997) uncovered that the heights of 6ft 6in/1.98m for men and 5ft 11in/1.80m for women (similar to the inclusion starting height in Phase I of the present study) were the maximum level of accepted height. As these heights were considered the cusp of societal acceptance and causing some concern, it was appropriate to choose these heights as starting heights within the criteria for the present study in Phase I. The second phase of the current study, commenced at the 99.99 percentile for height, 6ft 2in/1.88m for women and 6ft 7in/2.01m for men, to ensure a taller participant group than in Phase I.

Table 3 provides a delineation of tall stature for the purposes of the present study and in consideration of previous studies.

**Table 3: delineation of tall stature**

Height	Male	Female
Average height for the English adult (age 16yrs – 35 yrs) Health Survey England 2016 (NHS Digital 2017)	5ft 9in/1.75m	5ft 3in/1.60m
Tall stature	6ft 2in/1.88m	5ft 7in/1.70m
Heights 2 SD above the mean for the population (Alexander and Hindmarsh 2004)	(>97 <sup>th</sup> percentile)	(> 97 <sup>th</sup> percentile)
Very tall stature (Phase I of the present study)	6ft 5in/1.96m and above (≥99.8 percentile [tall.life 2020])	6ft/1.85m and above (≥99.93 percentile [tall.life 2020])

Extremely tall stature	6ft 7in/2.01m	6ft 2in/1.88m
(Phase II of the present study)	and above	and above
	( $\geq 99.99$ percentile [tall.life 2020])	( $\geq 99.99$ percentile [tall.life 2020])

The study inclusion criteria for age was 18-40 years, which encompassed two psychosocial stages of development: identity and intimacy (Erikson 1968 cited in Cardwell et al 1996:439). This age bracket was relevant as height appeared to be linked with perceptions that could potentially influence identity. In addition, the importance of belonging had driven some tall adolescents and their families to seek medical intervention, at some arguable potential cost to well-being. In addition, perceptions regarding the influence of height on intimate relationships (Firmin et al 2012, Stulp et al 2013) supported the age criteria chosen.

Participants were required to speak and read in English due to financial restrictions of the study precluding the use of translation services.

Participants needed the capacity to consent to participation in the study.

Participants were required to be in good general health, based on self-report.

### ***3.4.2.ii Sampling and recruitment procedure:***

Purposive sampling was undertaken using the criteria indicated above, to ensure participants met the purpose of the study (Bowling 1997). Purposive sampling is the sampling method of choice in IPA studies (Chapman and Smith 2002, Pietkiewicz and Smith 2014,) as the participants will have experience, and thus potential understanding, of the topic under investigation (Larkin and Thompson 2012). This fits with the philosophical underpinnings of the research approach. The homogeneity of the sample is of importance to assist with detailed analysis of the data (Pietkiewicz and Smith 2014). It could be argued that the age span and inclusion of two genders in the study may result in a more heterogeneous group, which could bring challenges to analysis. To overcome this, the researcher carried out extensive analysis of both female data and male data prior to looking at similarities and differences between these data sets. Each phase of the study was analysed separately to

the other and a bridging results chapter was completed to consider the overall findings from both phases of the study.

UK very tall and extremely tall young adults were a difficult-to-access sample. The UK population of very tall and extremely tall young adults are small and spread widely, providing a challenge to sampling. Hence, a range of strategies were employed to advertise the study. Potential groups where very tall and extremely tall young adults might be accessed included a national tall person's organisation, and basketball and netball associations. The researcher acknowledged that by approaching the latter two types of organisations, she was falling into the stereotypical association between certain occupations and people with a diverse stature of tallness. It was a pragmatic approach based on experiences of tall people within previous literature (Farman (2010), Torre, Bailey and Epstein (2011)). Relevant accompanying documentation to the study, such as the participant information sheet, consent form, advertising material was provided to all gatekeepers, to give a context and the process of the research. Appendices 9 (page 273) and 10 (page 276) provide an example of the participant information sheet and consent form, and these particular forms were used in the first phase of the study.

Gatekeeper approval was sought and granted from a national tall person's organisation for both phases of the study. The study advert was subsequently added to the organisation's monthly newspaper for both phases of the research. Two participants in total were recruited from this source. In addition, for Phase I of the study gatekeeper approval from UK national basketball associations was sought, as accounts provided by Torre, Bailey and Epstein (2011) and Griner and Hovey (2014) suggested that the study may be of relevance to those who played basketball. No response was obtained from gatekeepers of the UK national basketball associations. Whilst the study had a UK focus, the researcher reflected whether a more local approach (local to the researcher's university of study) may achieve a connection and response. Hence for Phase II of the study, gatekeeper approval was requested from local basketball organisations and netball organisations in a region of the UK. Responses were not gained from the local basketball associations, but some of the local netball organisations did respond, although there were no netball members that met the height criteria sought. The overall limited response from sporting associations was an unexpected outcome, when considering how previous literature provided a stereotypical

association to tallness and certain sports (Farman (2010), Torre, Bailey and Epstein (2011)). Whilst this was a challenge, as it eliminated a potential section of the tall population of interest, the response from the netball associations was informative, indicating that stereotypical association between tallness and netball was not as strong as expected.

The response from the sporting organisations, encouraged the researcher to seek a wider platform of potential interest. Social media was utilised for both phases of the study to advertise the research. A recruitment advert was placed on several closed Facebook pages specifically for tall people and the researcher's own Facebook page. In addition, the researcher used her Twitter account to advertise Phase II of the study. It could be suggested that recruitment through internet social forums may reach a vast number of potential participants, which could be viewed as a positive in sampling terms, but Robson and McCartan (2016: 578) highlight that this method of recruitment may exclude some potential participants who are not computer literate. Five participants were recruited through social media across the study. The researcher acknowledged the potential limitation of using social media, highlighted by Robson and McCartan (2016:578) and perceived snowball sampling as a method that may compensate and reach a more diverse audience. Snowball sampling, also known as relational recruitment (Orne and Bell 2015) was adopted in both study phases, whereby participants and others interested in the study, offered to pass on details of the study to other potential participants. Whilst this could be argued to encourage bias (Orne and Bell 2015), it could also be considered that this style of sampling was necessary due to the limited relevant organisation avenues available. The highest number of participants were recruited across the study through snowball sampling (seven in total). Overall, diverse strategies to gain a purposive sample, were adopted to maximise the opportunity for potential participants to hear about the study and consider engagement. Fourteen participants were recruited; eight for Phase I and six for Phase II of the study.

The number of participants within an IPA study is typically small (Reid, Flowers and Larkin 2005, Pietkiewicz and Smith 2014) as the aim is for depth rather than breadth, due to the nature of the research approach. The sample size was not dictated by data saturation due to the uncertainty as to whether qualitative research can truly reach data saturation (Brocki and Wearden 2006). Elliott, Fischer and Rennie (1999 cited in Brocki and Wearden 2006)

suggest that analysis can end when the research output demonstrates understanding that is clear and suitably interwoven, whilst also allowing for variance. The degree of persuasiveness of the output to the reader may signify that analysis is complete (Brocki and Wearden 2006).

Tables 4 and 5 provide details of the participants in each of the phases of the study.

**Table 4: Participants in Phase I of the Study:**

Participant	Gender	Approx. Age	Height	Occupation
P1	Male	18-19 yrs	6ft 6in/1.98m	Higher education student
P2	Female	21-22 yrs	6ft/1.83m	Health Professional
P3	Female	26-29 yrs	6ft 2in/1.88m	Marketing
P4	Male	35 yrs	6ft 7in/2.01m	Director, own company
P5	Male	Late 20s	6ft 5in/1.96m	Manager, health professional
P6	Male	Early 30s	6ft 5in/1.96m	Self employed
P7	Female	21-22 yrs	6ft 2in/1.88m	Health professional
P8	Female	Late 30s	6ft 3in/1.91m	Health and social care professional

**Table 5: Participants in Phase II of the Study:**

Participant	Gender	Approx. Age	Height	Occupation
P1	Female	20-21yrs	6ft 3in/1.91m	Higher education student
P2	Male	40 yrs	6ft 7in/2.01m	Working in Education
P3	Female	29-30 yrs	6ft 3in/1.91m	Working in the Medical Profession
P4	Male	30 yrs	6ft 7in/2.01m	Working in the comedy sector
P5	Male	25 yrs	6ft 9in/2.06m	Law Enforcement
P6	Male	25 yrs	6ft 9in/2.06m	Working in the sport leisure industry



### 3.4.3 Data Collection

Data were collected using an interview method (Holloway 2008:182), which resonated well with the exploratory nature of the PhD research. King and Horrocks (2010) provide an extensive account of the use of interviews in qualitative research. They draw on the work of others, such as Smith and Osborn (2008) when advocating the use of interviews to collect data within phenomenological research, particularly interpretive phenomenology. Savin-Baden and Howell Major (2013:358) suggest that the philosophy and methodological perspective of the researcher will influence how the interview is used. The PhD researcher adopted an ontological view based on idealism (Savin-Baden and Howell Major 2013), embracing the concept of multiple realities which are co-constructed. The interview was, therefore, a relevant data collection method to encourage and hear the narrative and truth of the day from the participant.

Focus groups, another popular data collection method within qualitative research, were considered to be inappropriate for this phenomenological study, although others have used a focus group design with IPA research (Flowers, Knussen and Duncan 2001, Flowers, Duncan and Frankis 2000). The focus group design was rejected by the researcher due to the requirement of the participants within the study to share personal experience of a potentially sensitive topic, which may have ethical implications if undertaken in a group with other, possibly unknown, people. In addition, due to several voices contributing within a focus group, the level of interpretation of data could be limited (Smith, Flowers and Larkin 2009.) It could be argued however that focus groups may have a supportive, even emancipatory quality, if used within a future related study, to share strategies for dealing with social, public reactions and comments relating to extreme height. A collective voice could be empowering and defining in terms of how people who are extremely tall manage comments and reactions to their stature.

Focus groups were not chosen for the present study. The researcher had planned for a more unstructured style of the one-to-one interview technique to be utilised to collect data in the first phase, in order to encourage natural dialogue between the researcher and participant (Bowling 1997:112), and an in-depth exploration to uncover deep rich data (Cope 2011). Bowling (1997) outlines the challenge of gaining such data and advocates for strategies to enhance rapport and familiarity between the researcher and participant. By

carrying out a second meeting with most participants in Phase I, whereby the transcript and preliminary analysis of the first interview were discussed, this gave an opportunity for greater connection between the researcher and participant. The second interview is recommended by Larkin and Thompson (2012) who feel it may assist in a greater understanding between the researcher and participant.

The semi-structured interview is often the data collection method of choice in IPA (Chapman and Smith 2002, Smith, Flowers and Larkin 2009:57) because it allows flexibility of dialogue whilst retaining a focus through an interview schedule of questions and prompts. The researcher critically reflected that there seemed little strength in rationale for the use of this way of interviewing in Phase I other than for pragmatic reasons, for example enabling a more manageable or directed analysis. Brocki and Wearden (2006), warn of the potential of using such interview guides to dictate analysis and hence pre-empting what analysis will focus on. The semi-structured interview appears to favour the researcher's agenda and needs. It is thus more likely to encourage a dialogue whereby the participant's world is not entered; and instead impart the participant's information into the researcher's world. This is a concept discussed by Smith and Osborn (2008) which can occur when reliance on a schedule and its follow up questions limits the potential to move into the world of the participant.

The researcher had chosen a more unstructured style of interview in Phase I of the study, in an attempt to empower the participant to tell his/her story in his/her preferred way. Robson (2002) also used the unstructured interview within an IPA study to reduce any assumptions being made. Smith and Osborn (2008) stress the importance of the participant feeling some autonomy of how the interview proceeds. By adopting a more unstructured style of interview, it was envisaged that the participant was less likely to be encouraged into conventional vocabulary (Murray and Holmes 2014) and instead adopt a dialogue particular to the individual experience. The unstructured interview also lends itself to a more conversation style of data collection, which may relax the participant and assist in the sharing of a more personal dialogue, rather than a superficial, public account. This may in turn enhance the potential for deeper, rich data to emerge, particularly as the researcher had an insider perspective (being of an extremely tall stature). Savin- Baden and Howell Major (2013) identify that the unstructured interview is used if the interviewer has a deep

understanding of the subject, perhaps due to greater confidence to discuss without a set structure. Hurley, Denegar and Hertel (2011:115) advocate that the researcher immerse herself within the situation to gain a deeper understanding of the participants' experiences. This was a natural and empathetic process for the PhD researcher to adopt.

Extract from reflective diary: getting into the world of the participant

*I found the door opened into the world of the participant quite easily due to my own height. Participants could see that I would have experiences that may resonate with theirs, and perhaps have a greater understanding of where they were coming from. I had to be careful when gaining a rapport to not move the perspective from their world to mine. The interview was about their experiences. I did not want to influence their story. I did find myself nodding a lot and used confirmatory filler words such as 'ah', 'erm', 'right', which indicated that I knew where they were coming from.*

Interview techniques such as 'use of incomplete sentences', and 'looking for assent' (Vandermause and Fleming (2011), along with 'imaginative variation' (King and Horrocks 2010) were adopted to encourage participants to share their narrative. Imaginative variation was used to enable the participants to reflect on an imagined change to the experienced phenomenon (King and Horrocks 2010). The researcher encouraged participants to consider their ideal height and how it could impact on managing everyday life. Responses were provided, which highlighted how some challenges experienced by participants would be eliminated. One such example was given by a number of the male participants across the study suggesting that 6ft 4in/1.93m would be an ideal height as this height would enable them to go through doorways without bending. This would have a positive impact on their physical well-being by ensuring their standing posture was not unduly compromised by the need to regular bend to avoid hitting their heads on door frames.

Brocki and Wearden (2006) suggest that the role of the researcher during the interview can be more than passive and encompass interpretation at data collection stage. By interpreting within interview, verification of the interpretation can potentially be gained from the participant (Reid, Flowers and Larkin 2005.) The researcher used techniques of reflection, paraphrasing and summarising within the interviews, to confirm understanding of the participants' stories. When reflecting in interview, opportunities to offer initial

interpretation were available, and used. Below is an extract from the reflective diary of the researcher, which highlights some challenges of conversation.

Extract from reflective diary: carrying out interviews

*I experienced some challenges to gaining deep, rich data during a one-hour interview with some of the participants. Whilst I established rapport, due to having an insider perspective and effective communication skills, it was discovered that a plateau of depth of discussion appeared to occur with the study participants. Sharing of detailed knowledge with someone unknown to you, in an environment that for some was quite public yet confidential (cafes and public houses) was perhaps an over-expectation of myself. In addition, I had extensively researched the topic of height, whereas the participants, although living with their height and thus aware of it in everyday life, demonstrated that the conversation regarding their height was a novel, but not unpleasant, circumstance.*

As mentioned previously, paraphrasing, reflection and summarising were techniques adopted by the researcher to continue the conversations and encourage depth. At times some gentle prompting was employed by the researcher to consider a new topic, when a topic of conversation seemed complete in terms of what the participant was prepared to share. These prompts were initially devised by the researcher from research literature and linked to the focus and aims/objectives of the study. Prompts to discussing more sensitive material were only introduced part way through the interview, when the participant had relaxed into the conversation (Smith and Osborn 2008). It could be argued that because prompts were used, the interviews were not purely unstructured but a hybrid between unstructured and semi-structured interview. Initial prompts were informed by the related literature. The prompts developed, and were influenced by the participants' narratives as the interviews progressed (Orne and Bell 2015:77). This in turn enhanced the credibility of the data collected and strengthened the dependability of the results. The need for some prompts led the researcher to reflect that whilst unstructured interviews were attempted, the Phase I interviews carried out were slightly more weighted towards the semi-structured style. In addition, reflection led the researcher to agree with Savin-Baden and Howell Major (2013) that the unstructured interview lends itself more easily to studies that are carrying out several interviews with the participant. The prompts are provided in the appendices as appendix 11 (page 278).

King and Horrocks (2010) in their critical discussion of interviews, suggest that to facilitate the phenomenological perspective, interviews could benefit from a variety of supportive strategies. One such supportive strategy (King and Horrocks (2010) is the use of written accounts on the research topic, which the participant prepares prior to coming to the interview and sends in advance to the researcher. This enables the researcher to analyse the written data in preparation for the interview and can serve to direct the interview to greater depth of discussion. The researcher could see the benefits of this strategy to encourage movement to a deeper level of narrative. Perhaps it enables greater time for thinking and reflection and hence preparation for the interview, rather than just talking about what comes into the mind of the interviewee at the time. The study participants were invited to complement their interview dialogue by drawing on written material such as diary extracts or reflections and photographs to assist in discussion of their experiences. Greater depth of data was achieved with one of the eight participants in Phase I, who decided to 'prepare' for the interview by writing some notes. He then referred to these notes a couple of times during the interview.

Another participant, who was the first participant to be involved in the first phase of the study and hence provided feedback in a pilot interviewee capacity, suggested that some ideas of topics to be discussed would have been helpful to him if sent in advance. This perhaps suggested that he did not feel prepared for the interview, and perhaps the provision of ideas of what might be discussed could have been offered in the participant information sheet, although taking care not to encourage a rehearsal of information to be shared (Finlay 2011:200). This is similar to a suggestion by Smith, Flowers and Larkin (2009) that researchers carrying out semi-structured interviews may choose to share the interview schedule with the participant prior to coming to the interview. The second participant (also in the role of pilot interviewee) did not suggest this strategy of preparation was required. The researcher reflected on the feedback from the pilot interviewees in Phase I, and did not share potential topics of discussion with subsequent participants due to the more unstructured nature of interview. General information had been provided via the participant information sheet – regarding the focus of the study and the overarching aim. However, reflecting on the experience of carrying out the interviews and the plateau of depth of experience shared, the strategy of encouraging the participant to make some notes

prior to interview, and perhaps offering some ideas of what might be discussed, were included in Phase II of the study but not taken up by participants.

Interviews for the initial phase of the study were carried out face to face for seven of the eight participants. Computer conferencing was required with one participant in the form of Skype as the distance to travel to meet the participant was too great. Using computer conferencing enabled all the benefits of a face-to-face interview but in a virtual context (Savin-Baden and Howell Major 2013). It was important to reassure the participant that the Skype interview was being carried out in a confidential environment, with no one else present in the room and no disturbances allowed. A secure, confidential on-line method of recording the Skype interview could not be established from software available to the researcher and therefore recording took place through a portable audio recorder and additional note taking by the researcher.

Telephone interviewing was not used by the researcher due to the importance of developing a rapport and a subsequent detailed conversation, which perhaps could be problematic if using a telephone interview method. It was important to try to move deeper, from the superficial (fact gathering) to the detailed (exploring meanings) (Larkin and Thompson 2012) within the interviews. It could be suggested that this would be more challenging to achieve through a telephone interview. In addition, observation of non-verbal communication would be unavailable through telephone interviews, which could affect the depth of analysis. The Skype interview was hindered by the slight time delay in synchronous dialogue between the researcher and participant. Observation of non-verbal communication was present but influenced by the environment of sitting in front of a computer to talk to the researcher.

The semi-structured interview, often the data collection method of choice in IPA (Chapman and Smith 2002), was utilised in the second phase of the study. The reason for change from a more unstructured style of interview to semi-structured interview was the greater focus on some specific concepts in Phase II of the study, which had been developed from Phase I findings. For Phase II of the study, the semi-structured interview utilised an interview guide that was influenced by the findings of phase I of the study. This enhanced the dependability of the data collection tool and ensured that subsequent findings built on the contemporary narratives of very tall young UK adults. The semi-structured interview schedule was used

also to gently guide participants to consider, in more detail, concepts discovered in the first phase of the study. A copy of the semi-structured interview guide is located within the appendices as appendix 12 (page 279). Interviews were again offered face to face, and by Skype, to increase participant choice and incorporate geographic pragmatics of interviewing a UK wide sample. All interviews for Phase II of the study were subsequently carried out using a face-to-face format.

#### ***3.4.3.i The environment and the interviews***

The environment chosen for the interview is very important (Smith and Osborn 2008:63). The participants needed to feel comfortable, and Smith and Osborn (2008:63) suggest that a setting which is familiar, such as the home environment can assist this feeling to occur. Data collection did not occur within either the participants' homes or the researcher's home. This ensured a reduction in risk of harm to both participants and the researcher. The researcher encouraged participants to suggest a venue that would be preferable to meet in, explaining it would need to be a public place which could offer a confidential environment. All participants chose the environment for the interview meetings. Some were quite noisy (such as cafes and public houses (pubs)); however, this did not unduly affect upon the quality of the audio recording, or the conversation that ensued. The relaxed social atmosphere and confidential positioning, with discreet use of the audio recording equipment, seemed to assist in rapport building and conversation development. It could be argued that to meet in the home of a participant or the researcher could engender a more intense atmosphere which could reduce the comfort felt by the participant (and/or researcher). To meet in a neutral, public, yet confidential environment, facilitated a sharing of power within the interview milieu and a feeling of a natural conversation.

#### **3.4.4 Positionality of the Researcher**

Twinley and Price (2017) suggest that when the researcher has his or her own experience of the topic of study, then an auto-biographical researcher role can be adopted. Such a role encourages a consideration on positionality by the researcher.

In terms of positionality regarding the research sample, the researcher met all the inclusion criteria for the study except for age. The close association with the sample (in terms of criteria), had been highlighted to the researcher as a reason for participants coming forward

to talk about their experiences. The researcher had her own previous knowledge and experience of the research topic. This added to the empathetic stance required to assist the understanding of the insider perspective of the participant (Finlay 2011), but somewhat challenged the achievement of gaining an outsider approach; the etic perspective.

The researcher's own extremely tall stature assisted in gaining commonality of topic early in the interview, which eased the flow of conversation. For many of the participants, the topic had previously not been well discussed and so the interview felt quite a novel experience. This, for some, slightly hindered the flow of conversation, but for others seemed to be liberating. It felt as though for some participants, the interviews were the platform for the sharing of experiences that had not been shared previously. Smith and Osborn (2008) see the participant as a thinking, speaking, feeling and physical human being, and the interviews provided an opportunity to think about what to share. The presence of a researcher with extremely tall stature seemed to facilitate the feeling of 'common ground' and thus eased the conversation between the two strangers in the interview context. One participant explained that he had agreed to the interview because the researcher was also tall (participant four, Phase I), and another felt reassured that the information shared would be managed sensitively (participant eight, Phase I) because the researcher shared a similar height.

The researcher acknowledged that her professional values and philosophy (as an occupational therapist) resonated closely with the methodological background linked to IPA. This is echoed by Clarke (2009) who when considering similarities between occupational therapy and IPA, draws on the focus of individuality in both occupational therapy philosophy and in terms of idiographic perspective in IPA. In addition, IPA and occupational therapy also recognise the importance of the context as an influence on experience. When considering professional skills, the use of the interview as a data collection method, enabled the researcher to transfer the clinical skills of interviewing as an occupational therapist into the research environment. Well-developed communication skills from professional clinical and educational practice enabled the researcher to engage in one- to-one dialogue with participants, to facilitate them to tell their story.

It is important for the researcher to acknowledge positionality in terms of data collection and analysis through reflexivity (Clancy 2013). Taking as much of a neutral role as possible,



as recommended by Larkin and Thompson (2012), could enhance the confirmability of the study. This may, however, stifle the natural communication of the researcher, which in turn could affect the atmosphere of the interview. Further consequences could be a reduction in the depth of data received. Reid, Flowers and Larkin (2005:22) argue against trying to undertake a neutral interview, and see the role of the researcher to be working in collaboration with the participant to “identify and interpret the relevant meanings that are used to make sense of the topic.” Lopez and Willis (2004) acknowledge the expert knowledge of the researcher, which guides the interpretive phenomenological inquiry. Fade (2004: 648) concurs, suggesting that the beliefs of the IPA researcher assist in understanding the stories of the participants. The interpretive phenomenological researcher is not required to bracket off his/her thoughts and experiences but should acknowledge preconceptions. This has been managed through reflexivity by the researcher. Finlay (2011) stresses the importance of the researcher using experience and knowledge to enhance the development of rapport and to avoid becoming fixed on his/her own personal viewpoint. The researcher immersed herself within the interview situation, to try to enter the participant’s world, to gain a deeper understanding of the participants’ experiences (Hurley, Denegar and Hertel 2011:115). This was a natural process for the researcher who, by nature of her extremely tall stature, had an insider perspective. The researcher, however, was careful not to divert from the participant’s story.

*Extract from reflective diary: the natural communication dilemma*

*I was aware of the importance of gaining a rapport with my participants, whilst also trying to encourage exploration in their world. This provided a challenge for me as an extremely tall adult who would have similar experiences. I wanted to gain a good rapport and trust with the participant, to encourage discussion on a deeper level. In the first few interviews of phase I, I found that I was consciously trying to not speak in a biased or knowledgeable way for fear of influencing the conversation. This resulted in a slightly stilted interchange at times. As I was reflecting in practice during interview two, I slightly shifted my conversation to a more relaxed stance, whereby I could acknowledge a shared experience without going into my perspective or my experience. This really assisted in how the interview progressed. I felt this took the depth of information to a new level. I continued to adopt this more relaxed conversation style with subsequent interviews, but continued to reflect in action during interview to ensure I maintained the worldview of the participant. When listening to the recording following each interview, I would also note how I acknowledged participant experiences when in conversation, reflecting on the potential impact to the story, and checking that we had not moved into my worldview or my narrative, or my story.*

### **3.4.5 Data Analysis/Synthesis**

Following verbatim transcription of audio-recorded interviews, as recommended in IPA research (Chapman and Smith 2002, Larkin and Thompson 2012, Pietkiewicz and Smith 2014) a large volume of narrative became available for scrutiny. Transcription commenced at the semantic level and this involved typing all the words including the false starts, the pauses, and expressions such as laughs (Smith and Osborn 2008). Murray and Holmes (2014) recommend that IPA should also consider non-verbal communication and these observations were inserted into the participant verbatim transcripts as suggested by Fade (2004) and were placed in the left hand margin. Transcription was carried out by the researcher to enable an initial immersion into the data.

Reduction of data is an essential step within qualitative data analysis (Carpenter and Suto 2008) and tends to involve the formation of themes from patterns or interesting features within the data. Analysis considered the context (Savin-Baden and Howell Major 2013), along with the narrative. A reflective account of the context was produced by the researcher after each participant interview, in relation to how conducive it was towards facilitating a relaxing environment in which to gather deep, rich data. A process of data analysis for use with IPA provided by Smith, Flowers and Larkin (2009: 82-109) was undertaken for both phases of the study and is summarised in table 6.

**Table 6: The Analysis Process in IPA (Smith, Flowers and Larkin 2009:82-105)**

<b>Step</b>	<b>Summary of activity</b>
Step 1: Reading and re-reading	Active engagement with the data by thorough reading of the verbatim transcript. Considered the structure of the interview and reflected on the rapport gained.
Step 2: Initial coding	Line by line analysis of descriptive comments, linguistic comments, conceptual comments.
Step 3: Developing emergent themes	Reduced volume, mapped codes. The whole became a set of parts and formed one aspect of the hermeneutic cycle.
Step 4: Searching for connections across emergent themes	Noted commonality and variance. Used strategies such as: abstraction, subsumption and polarization, along with contextualization, numeration and function.
Step 5: Move to the next case	Steps 1 to 4 were repeated with subsequent transcripts. Avoided being unduly influenced by themes already uncovered.
Step 6: Looking for patterns across cases	Explored connections and differences. Identified patterns across the male data set. Identified super-ordinate themes and sub themes. This was repeated for the female data set. Then across both data sets similarities and differences were established. Cutting and pasting of the themes occurred to connect relevant themes. Considered context. Re-configured themes. Identified super-ordinate themes and sub-ordinate themes. Idiosyncratic themes were uncovered. The parts become a whole within the hermeneutic cycle.

**Step 1:**

The initial stage of reading and re-reading is important. Each new reading provides the opportunity to discover new insights (Smith and Osborn 2008.) The researcher listened to the recordings of the interviews a number of times, whilst also reading the transcripts, to assist with gaining a depth of recognition of changes in tone, pauses, and rhythm of the interview (Smith, Flowers and Larkin 2009:67). Comments relating to non-verbal

communication, such as body posture and facial expression had been noted in the left hand margin, and were taken into account when reading the transcripts and listening to the interviews. Reading, re-reading the transcripts and listening to the recordings a number of times assisted in ascertaining the level of rapport gained and in establishing feelings projected about topics discussed. With Phase I of the study, which adopted a more unstructured approach to interviewing, reading and listening to the interviews several times enabled the researcher to reason why topics were discussed when they were, thus enabling a picture of the structure of topics to be established. IPA analysis had taken into account the context (Larkin et al 2006, Savin-Baden and Howell Major 2013), along with the narrative because experiences are considered to be constructed in a social and personal world (similar to symbolic interactionism) (Brocki and Wearden 2006, Smith and Osborn 2008.) This initial stage of data analysis involved writing comments into the left-hand margin of the transcripts regarding the above-mentioned points. It provided a basis and context for moving forward into the coding stage.

#### Step 2:

The initial coding phase, including line by line consideration of the data (Larkin and Thompson 2012) involved the procedure of highlighting key phrases, commenting on the linguistics (the language) (Smith and Osborn 2008), along with what has been said (the description). Preliminary concepts were highlighted at this stage in relation to what was implied, and thus interpreted. Different coloured pens were used to make the descriptive, linguistic and conceptual comments, as suggested by Smith, Flowers and Larkin (2009:84). The descriptive comments were placed in the left hand margin and the linguistic comments and conceptual comments were added to the right hand margin. Conceptual comments were informed by the descriptive and linguistic comments and became the initial codes of the data. Codes were words or phrases that captured the essence of the narrative. Felt tip pens were used to assist with coding, and different colours highlighted and charted the various codes that emerged. The initial codes were written into the right-hand column of the transcript.

#### Step 3:

The development of initial themes occurred by viewing all the codes and mapping together codes that were similar, using the colour chart that had been produced. Codes that did not

link together were not rejected but retained and considered further as stand-alone elements. It was important to embrace the potential negative case analysis that these codes provided to enhance the dependability of the analysis process (Taylor 2007). An example of data coding from a transcript, and subsequent theme formation is provided in appendix 13 (page 281).

#### Step 4:

All preliminary themes of each transcript were considered further as part of the IPA process, to enable connections to be identified between themes, along with variance. Strategies adopted from Smith, Flowers and Larkin (2009:96-98) included 'abstraction', whereby similar themes came together under a new name. 'Subsumption' occurred when a major theme emerged from a group of themes that had been grouped together. This enabled a super-ordinate theme to surface, amongst sub-ordinate themes. Polarization helped to identify variance and consider if opposing themes should be grouped together and difference discussed, or placed apart in separate themes. Contextualisation was drawn upon by considering the context within themes, such as temporal elements (where themes related to the present, past or future) and specific cultural elements (such as the influence of upbringing on tallness). Numeration played a part in bringing themes together (how many themes were similar, how many stood alone). It was important to remember the idiosyncratic nature of IPA and to recognise that some themes may be unique to participants and should not be disregarded just because they lacked numeration. The function of the theme was important to consider in relation to the transcript. The output from step 4 were the super-ordinate and sub-ordinate themes that had emerged from the transcript. Alongside the themes, the researcher completed a detailed narrative to explain the themes, and provided quotes to justify them.

It is suggested by some that interpretation should involve the participant (Cronin-Davis, Butler and Mayers 2009). As part of step 4, preliminary super-ordinate themes were shared with each participant in Phase I of the study, in a grid format, along with sub-ordinate themes, an explanation and extraction of raw data, to assist in the understanding of how themes had been developed. Participants only saw themes from their own data set, to comply with confidentiality measures of the project. Each participant was briefed on the procedure of analysis prior to reading the preliminary analysis grid. In addition, each

participant was asked to read the transcript and comment on its accuracy (making any amendments needed) prior to focusing on the analysis grid. Four of the participants requested the transcript and grid analysis to be sent by email for various reasons, including work commitments and travel/distance to a relevant geographical area. The second face-to-face meeting for each of the four subsequent participants took approximately an hour. Transcripts were slightly altered for two participants to ensure accuracy of information. The transcript and preliminary analysis were agreed by all participants. The researcher felt a little nervous in sharing interpretations, being aware that interpretation can uncover meanings of experiences that participants are unaware of (Lopez and Willis 2004).

*Extract from reflective diary: participants viewing the preliminary analysis of their individual data sets*

*Upon the second meeting [and in some cases by email] with participants from Phase I of the study, I asked for verification of the individual preliminary analysis I had carried out on the data produced in their interview. Participants found this an interesting exercise, to see how I had interpreted what they had said and how I had placed the information into themes. I had provided quotes from the interview alongside the themes to show how they matched. No one challenged these, which was a relief for me as I realised that I was asking them to consider my interpretation of their interpretation of their experience. As I asked them to do this, I realised that this was adding an additional element to the hermeneutic cycle and making it quite complex.*

When considering the above reflection, the researcher was reminded of the suggestion by Holloway (2008) that by asking a participant to consider the researcher's interpretation of the participant's data, the outcome could be problematic if the participant felt the interpretation was out of alignment. Hence, whilst it could be argued that member checking of analysis could strengthen the findings (Holloway 2008), the researcher decided that this would not continue into Phase II of the study. This decision supported the view of Larkin and Thompson (2012) that due to the interpretative nature of IPA, member checking of analysis was not necessary.

In terms of analysis, the researcher was gaining meaning from the participants' experiences and this involved interpretation. This was done by working with the data over a prolonged period (Smith and Osborn 2008.) Interviews of a more unstructured nature enable interpretation both by the interviewee and the interviewer (Savin-Baden and Howell Major

2013.) They assist the double hermeneutic cycle to occur; which initially involves interpretation of the participant of his/her own experiences and then the interpretation by the researcher of the participant's interpretation of his/her own experiences (Smith and Osborn 2008.) The researcher was trying to get near to the participant's world, which Cronin-Davis, Butler and Mayers (2009) see as a challenge. Smith and Osborn (2008) suggest that if the researcher takes an active role in the interview, then this may assist. As mentioned previously, the researcher adopted a relaxed approach to the interview in both phase I and II to assist in rapport development, whilst also being active in enquiring further and paraphrasing.

The researcher moved through the hermeneutic cycle, thus embracing the emic and etic perspectives (Peitkiewicz and Smith 2014). The emic is the insider perspective; a phrase produced by Conrad (1987) to explain the part of analysis whereby the researcher tries to get close to the participant's world. This encourages the use of "empathetic hermeneutics" (Smith and Osborn 2015:26). The researcher established the emic perspective by describing the participant's experience, through descriptive comments made in coloured pen to the left hand side margin of each transcript. This was part of the coding phase of analysis as shown in Table 6 page 67. When reflecting after each interview, the researcher also commenced reflection with a descriptive phase, to capture the conversation in terms of content, structure and flow.

Researcher interpretation commenced by the introduction of conceptual comments added to the right hand side margin of each transcript, written in coloured pen as highlighted earlier in the chapter on page 67 (Table 6) and page 68. Conceptual comments were accompanied by a questioning approach; "questioning hermeneutics" (Smith and Osborn 2015:26), to achieve the etic perspective, which is the outsider perspective. The concepts arising from the transcript were enabled by the researcher asking questions such as "what does the participant actually mean here?" "What is he/she saying and what is he/she not saying?" "Is there an unconscious feeling or perspective being shared?" The concepts that arose from the data were then checked against the raw data of the participant's transcript to remain credible. The concepts were also reflected upon in relation to the researcher's own perspective and experience as an extremely tall person and health professional, to ensure that interpretation remained true to the participant's experience.

The “questioning hermeneutics” (Smith and Osborn 2015:26) continued within the phases of uncovering emerging themes for each data set, to include questions such as “how can it be so that this a theme from this data set?” “How does it map to codes and raw data?” Does the theme resonate with the researcher’s own lived experience of the phenomenon? Is her own experience influencing the theme that is being produced? This process of considering the emic and etic perspective was required to be iterative (Reid et al 2005) moving through each data set in turn, before bringing the themes together between data sets in each phase of the study. Variance, alongside commonality of themes was considered (Reid et al 2005).

Koch (1995) talks of co-constitutionality of the meanings uncovered by the researcher through interpretation, which are a blend of interpretations derived at by the participant and researcher. However, Cronin-Davis et al (2009) suggest that at times the interpretation facilitated by the researcher may differ from the participant’s interpretation, due to variance of epistemological perspective. To ensure interpretation remained credible, the researcher completed a review of the analysis process and outcome for both phases of the study. Specifically, the development of the preliminary themes across data sets were re-checked by the researcher, who went through steps 1 to 5 (Smith, Flowers and Larkin 2009) a second time three months following the final interview.

#### Step 5:

Step 5 involved the researcher moving to the next transcript and repeating steps 1 to 4 of the IPA process of analysis. When looking at a new data set Smith and Osborn (2008) suggest that the researcher can either use the themes from the first interview to help orientate analysis or put these aside and look afresh. The researcher adopted the latter approach to try to interpret from the voice of the participant.

#### Step 6:

Step 6 was then embraced by looking at the similarities and differences that were present across the data sets (Smith and Osborn 2008); appendix 14, page 285 provides an example. The naming of the preliminary themes in each data set varied between using key phrases or words from the data, to the utilisation of words or phrases developed from interpretation (Fade 2004).



In terms of analysis, it was important to remember the individual account (idiographic) but also consider the shared perspective (Reid, Flowers and Larkin 2005.) The aim was to eventually uncover super-ordinate themes (Cronin-Davis, Butler and Mayers 2009), which are also described as the 'master' themes by Fade (2004). When working out which themes should be kept, to help reduce the data, then prevalence should be less of an influence, and richness of information should drive the decision (Smith and Osborn 2008). Fade (2004) argues however, that the super-ordinate themes should include sub-themes or examples from across the data sets, which suggests that prevalence is of some importance.

The researcher adopted a rigorous and systematic approach, involving nine steps created by the researcher, to look at themes across the data sets. Each phase of the study was considered separately. The nine steps are listed below:

1. For Phase I of the study, two electronic grids were formulated (one for male participants, and one for female participants). Each grid contained the preliminary themes from all of the participants so that similarities and differences could be shown.
2. The researcher looked across each grid in turn to see the similarities and differences that were in each grid. The themes were highlighted using colour highlights to make preliminary connections.
3. The researcher then focused on the themes in the male grid, viewing the detailed analysis of each male participant in turn to write up the collective male super-ordinate themes with sub-ordinate themes (using data to support). This narrative enabled the formulation of final male super-ordinate and sub-ordinate themes, using strategies of subsumption, contextualization and abstraction.
4. The researcher then viewed the themes in the female grid, returning to the detailed analysis of each female participant in turn to write up the collective super-ordinate themes with sub-ordinate themes (using data to support). Again this narrative enabled the formulation of final female super-ordinate and sub-ordinate themes, using strategies of subsumption, contextualization and abstraction.
5. An electronic grid was then formulated, which gave the super-ordinate themes and sub-ordinate themes of the male and female data in the same grid.
6. The researcher started to make some connections between the themes by initially looking at the grid content. Colour coding was used to assist this process.
7. The researcher then read the collective analysis narrative for the men and the women. Firstly this was done as a whole and then sections were read from both male and female data that seemed to link across.
8. The researcher then printed a hard paper copy of all the collective themes (male and female), along with the analysis narrative, and physically cut them up to enable the experiential 'placing' together of themes that were similar or linked. This was very rewarding as it actually felt like a 'doing' task.

9. The researcher then subsequently merged male and female super-ordinate themes and sub-themes, bringing the narrative detailed analysis together and re-naming themes as required (using participant words when possible).

The above stages were subsequently carried out with the data from Phase II of the study.

Both phases of the study were analysed separately. This was important due to Phase II building on the findings of Phase I and including participants who were taller in stature. As mentioned previously, in both phases of the study, male and female data sets were considered separately before bringing them together. As analysis progressed in Phase II of the study, the researcher was aware of commonality and difference between themes in both phases of the study. The reflection below captures the experience of the researcher in analysis at this point:

*Extract from Reflective Diary: Analysis of Phase II data*

*Initially I had hoped to not be influenced by the themes in Phase I, but then I found that it was impossible for me to bracket off what I already knew. In addition, the interview schedule for Phase II had been borne out of the data from Phase I, and so it was, perhaps, inevitable that themes would emerge from Phase II that were also in Phase I. I scrutinised the analysis procedure, to ensure the themes that were emerging in Phase II rang true to the data in Phase II, and to ensure that I was not beholden to themes in Phase I. I did not want to make them 'fit'. The second phase had its own data set, its own question, aims and objectives....*

Appendix 15 (page 290) and appendix 16 (page 293) show how themes from female and male data sets in phase I and II respectively, merged to formulate the collective themes for each study phase. The bridging results chapter provides a table (Table 8, page 154) of how the themes from both phases of the study connect.

### **3.4.6 Strategies to Enhance Rigour**

There is some debate as to whether qualitative research can be placed under the same criteria for scrutiny of rigour as positivist research (Smith, Flowers and Larkin 2009, Tracy 2013) due to its subjective nature. Alternative options for ascertaining quality of qualitative research are offered (Taylor 2007, Yardley 2008, Finlay and Evans 2009, Tracy 2013) some of which have been drawn upon for the present study.

### **3.4.6.i Credibility and Dependability**

The researcher must aim to show strength and trustworthiness of the study to the reader at all stages, from the proposal, through to the unpublished dissertation and eventual published completed work. To enhance the credibility of the study and the dependability of the results member checking of transcripts (Taylor 2007) was adopted for the first phase of the study. This also triangulates the data (Hurley, Denegar and Hertel 2011), although a critical reflection of the challenges of this have also been considered.

#### *Extract from reflective diary: member checking transcripts*

*At the end of phase one of the study I reflected back to the reasoning behind asking participants to member check their transcript and view the preliminary analysis I had carried out on their data. It was so interesting to discuss with them the conversation we had carried out a few weeks before. A couple of participants wanted to add a little more detail to their stories, which were noted down. One participant became a little embarrassed at how many times she started and did not complete a sentence. This made me realise how unusual it is to read a transcript of one's own conversation. I started to wonder how one could truly measure the accuracy of a conversation that took place a few weeks before. One could remember the essence of conversations but would one be able to remember absolute detail?*

Member checking of individual data set analysis (Clancy 2013) was adopted in Phase I of the study to enhance the credibility of findings, but was considered to be of limited value in an interpretive study, as previously mentioned.

#### *Reflective diary extract: The positives and limitations of member checking transcripts and preliminary analysis*

*I used the strategy of member checking transcripts and preliminary analysis of individual data sets to enhance the credibility and dependability of Phase I of the study. It also provided an opportunity for inclusion of participants into analysis. I ensured I explained how I had completed the analysis by explaining the procedure in writing and subsequently through discussion. However, I was also mindful of the additional time expected of participants to complete the member checking. Some participants chose to look at their transcripts and preliminary analysis prior to meeting with me; others chose to view this within the meeting. The exercise on member checking reassured me as a researcher that I was accurate in my transcription of interviews and that my interpretation of the interpretation of the participants' stories was in keeping with their data.*

An additional strategy to enhance dependability of the data collection method, was to include a pilot interview exercise. The first two interviewees of phase I of the study acted as pilot interviewees, and provided valuable feedback in relation to the style of communication of the interviewer, the unstructured nature of the interview and the interview context. Further information in relation to the outcome of the pilot interview exercise has been provided previously in the data collection sub-section 3.4.3 page 57.

### ***3.4.6.ii Reflection and Reflexivity***

The researcher maintained a reflexive stance by completing a reflective diary to acknowledge potential influence on data collection and analysis (Clancy 2013). The researcher adopted a method of reflection (Borton 1970 in Jasper, Elliott and Koubel 2011) which offered a problem-solving model, however Clancy (2013) warns that this does not facilitate deep questioning and may consequently be less effective. The researcher's experience challenged this view. Reflection occurred at numerous points of the study, not just prior to and following data collection (Savin-Baden and Howell Major 2013), and at all stages of data analysis as advised by Finlay (2011). Reflection also occurred in the literature review and findings chapters.

A critical stance to reflection was incorporated to enhance confirmability of the findings. Reflexivity is a vital tool to use when considering the data collected from participants (Clancy 2013). It enables the researcher to consider whether analysis is being unduly influenced by the researcher's thoughts, experiences or understanding. Reflexivity is a critical view of how the researcher is thinking or behaving in the research milieu (Clancy 2013). It enhances self-awareness within the researcher (Finlay and Evans 2009 in Finlay 2011) and encourages consideration of positionality, which as mentioned in 3.4.4 page 63 is the position of the researcher within the research (Savin-Baden and Howell Major 2013). To aid reflection on researcher position, a positionality interview was undertaken by the researcher with one of the supervisory team. The interview was recorded and transcribed by the researcher, and consideration of the information provided, gave rise to the section 3.4.4 page 63. The positionality interview was completed to highlight any potential leanings towards a bias, which were then managed in an attempt to bring as credible account as possible of the emic perspective (Clancy 2013). Brocki and Wearden (2006) challenge the need for this in that it may distract from the focus on the analysis of

the project from the point of view of the reader. Below is an extract from the reflective diary in relation to the positionality interview:

Extract from reflective diary relating to the positionality interview

*The experience of being interviewed was helpful in terms of assisting me to consider how it felt to be interviewed about my height. It was a refreshing experience. I was able to talk about my height freely to someone who was keen to listen. The interview commenced with me focusing on when I became tall at secondary school age, of standing out, and using humour to manage being different. I talked about difficulty in engaging in some social activities then and now due to feeling embarrassed by my height. I talked about feeling different and how my tallness influenced me leaving school early to get a job to be around older, taller people. People often thought I was older than I was as a child and teenager and gave me more responsibility....*

*Some of the sample remind me of my son who fits the criteria as he is 18yrs and 6ft 7in. I am likely to think of my son and compare his experiences to theirs. I may feel like a protective mother towards the younger participants. I may want to make everything alright for them and must guard against giving this impression. My non-verbal communication may mirror my empathetic stance. I may discover I have similar experiences to the female participants and must be mindful in interview, to remain in the worldview of my participants, and resist from linking theirs to mine during interpretation.....*

*The research paradigm resonates with my professional philosophy. So, considering a postmodernism perspective, which rejects the ultimate truth and embraces multiple truths, resonates with the individuality I adopt when working with people as an OT. I feel comfortable interviewing participants, as I adopted a qualitative approach to research when undertaking my master's degree, and was reflective in my approach to data collection then.....*

### **3.4.6.iii Confirmability and Transferability**

There are differing views as to the importance of neutrality of the interpretive phenomenological researcher (Bowling 1997, Carpenter and Suto 2008), as conscious attempts to adopt this can impact on the flow of the interview (Orne and Bell 2015). The analysis across interviews was reviewed by the supervisory team to highlight any bias and verify the interpretation. A clear account of the methods, data collection and analysis were provided to enhance an opportunity for audit trail. Peer review and transparency of methods can enhance cross-validation (Reid, Flowers and Larkin 2005). The supervisory team reported an outcome from the review of a robust data collection and analysis procedure.

Participant background information has been articulated in the thesis (section 3.4.2ii), without compromising anonymity, to enhance the transferability of the data (Taylor 2007). Participants met the purpose of the study, demonstrating appropriateness of sampling (Yardley 2008 cited in Smith et al 2009).

#### **3.4.6.iv Sensitivity**

Yardley (2008) considered the importance of sensitivity to context, both in relation to the research milieu when undertaking interactive data collection, but also in relation to the analysis. The voice of the participant was heard within relevant quotes that support the themes (Yardley 2008). The awareness of existing literature which helped to inform the theoretical and conceptual basis for the study was provided through the contextual literature review to enhance sensitivity of context (Yardley 2008). This helped to guide the study and assisted in the discussion of results (Yardley 2008).

#### **3.4.6.v Relevance**

Finlay and Evans (2009) highlighted the importance of relevance of the project when considering the evaluative aspects of research, to determine quality. When determining the relevance of the study, it is important to draw upon the Department of Health's commitment to equality and diversity via the introduction of the Equality Act (2010). The study has gathered the stories of very tall and extremely tall UK young men and women, in terms of how they manage their diversity of stature in everyday life, including how this links to their well-being. Binder et al (1997), Lever et al (2007) and Firmin et al (2012) highlighted the paucity of research into psychosocial experiences of adults with tall stature. Binder et al (1997) found in their study that stigma of tall stature was gender specific, with females experiencing a greater degree of teasing. Lever et al (2007) stressed the need for the voice of the very tall woman to be heard, in terms of feelings about stature, to assist medical and counselling personnel to give well-informed guidance and recommendations to parents of tall children who had concerns about height. Firmin et al (2012) wished to assist in the potential building of a model to facilitate greater positive self-perception in very tall women. The study aimed to assist in this directive. By hearing the narrative of very tall adults, their experiences, the positives and the challenges, this has uncovered findings that could be supportive to tall peers, and raise awareness to others in society in terms of ways of managing diversity of height.

The well-being of individuals is a key concern of health care professions. The researcher is an occupational therapist. Occupational therapists work with a diverse group of service users, some of whom will be adults with a very tall stature. Occupational therapists are required to work in a service user led manner (COT 2015). It is vital to hear the stories of well-being and management of everyday occupations, from UK young very tall and extremely tall adults, to enable occupational therapists working in various clinical fields to become more aware of the needs, challenges and benefits of living with a diverse stature.

### **3.5 Summary**

In light of the questions posed in the study, and the associated aims and objectives, an IPA approach was selected to enable an in-depth exploration of the phenomenon of managing everyday life and well-being for UK young adults who had diversity of height in terms of very tall and extremely tall stature. The desire to gain occupational narratives from participants using an interview method was influenced by the professional and theoretical background of the researcher, who is an occupational therapist and occupational scientist. The consideration of well-being alongside occupation is a key professional philosophy for the researcher and is evident within the aims and objectives.

The study was designed to accommodate two phases. The first phase explored the unique focus of the study through the unstructured style of interview, to enable participants to shape and create their story. This method of data collection supported the idiosyncratic nature of IPA, whilst also embracing commonality of some experiences of the purposive sample. The findings of Phase I of the study, informed the focus of the subsequent phase, and the semi-structured interview guide adopted. This created the opportunity to consider concepts and themes uncovered in Phase I with a taller participant group.

The position of the extremely tall researcher, in terms of the study focus, research philosophy, methodology and methods were addressed, which assisted the credibility of the emic and etic perspective being gathered. Reflexivity was adopted to ensure the emic perspective retained the worldview of the participant, whilst also including the interpretation of the researcher within the etic perspective. In addition, the IPA approach offered a structure to analysis, which, although accommodated some flexibility to the researcher upon adoption, was an iterative and consistent process, enabling variance and

commonality of data to be identified. Several additional strategies to enhance trustworthiness were embraced, to ensure that the idiosyncratic and collective themes uncovered were trustworthy. These included the use of member checking of transcripts and preliminary analysis in Phase I of the study, and a clear audit trail of data collection and analysis in both phases, which was used in review by the supervisory team.



## Chapter 4: Findings for Phase I of the Study

### 4.1 Introduction

This chapter provides the findings of phase I of the study. Figure 1 shows the five super-ordinate collective themes that arose once the female data sets and male data sets were merged. Appendix 15 (page 290) provides a table detailing the merging of themes from the female and male data sets. Each super-ordinate theme is placed in bold, with three also having sub-ordinate themes within them. The majority of the sub-ordinate themes are collective, but one is idiosyncratic and highlighted in Figure 1 with an asterisk. Two of the super-ordinate theme headings are taken directly from participant data and hence are represented within quotation marks.

**Figure 1: Diagram of Themes from Phase I of the Study**



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\*idiosyncratic theme

Each super-ordinate theme and sub-ordinate theme will be discussed in turn, commencing with the super-ordinate theme entitled 'Playing to Strengths'.

## 4.2 Super-ordinate Theme: Playing to Strengths

Very tall stature had influenced the choice of occupations for the young people in Phase I. Most participants had made occupational choices that would enable them to engage in activities for which tallness was seen to be an advantage by them and others – hence they were playing to the strengths of their height. Participant two explained *“yeah, sport has been affected by my height, like everything really”*. This superordinate theme will firstly consider sport related occupations, and then other everyday activities for which height was seen to be an advantage.

All participants were chosen and encouraged to engage in certain sports at school age for which tall height was seen to be useful. Participants felt that the occupations of netball (female), rugby (female), football (male), basketball (female and male) and volleyball (male) had meaning to them because they were valued within these sports. In relation to basketball and netball, tall stature meant that participants were closer to the net than other players who were not so tall. Participant six still played basketball as an adult and explained:

*I am a lot taller than most people I play with or against, which just means I block better, I can get the ball, someone can pass it over their head and I can just grab it and I'm closer to the basket, which is always helpful.*

Participant two talked about focusing on netball as a child deliberately as it was seen to be a sport compatible with tall stature. She did well and was requested to play for both opposing teams:

*I did netball. I was good at netball cos I was tall. Like if you are tall you are good at it. I was always goal shooter or goalkeeper cos I was tall. I wasn't very sporty but that sport was like 'my time'.*

Therefore, whilst she alluded to the fact that sport was not a particular occupational interest, she chose to engage in certain sports as a child as she felt her occupational performance, enhanced by height, would provide positive feedback to herself and others. It was her opportunity to show her height in a positive light and gain advantage from this. Participant one gave a similar account of experiences at secondary school in relation to engaging in certain sports because of his height:

*I used to join in with the basketball team, but it wasn't something I really enjoyed, so didn't do it much really. When they asked me to help out, I would help out as I was good at it.*

The above quote demonstrates that he was making the occupational choice of playing basketball to assist the team. He talked of being '*pushed into*' certain sports even when in sixth form.

*it felt like I was wanted everywhere. Obviously sometimes if a club isn't doing too well and don't have too many players, they try to force you to play and sometimes it can be a bit awkward.*

The pressure to choose, participate and engage in occupations due to the height advantage was a challenge for this participant. The dilemma of participating in an occupation that had no personal meaning to him and choosing to engage to satisfy others, had the potential of being a disempowering experience. It seemed that to assert oneself in relation to personal choice and preference could result in potential social discord for him.

Staying with the social connection, it was interpreted that participants chose to engage in specific sports as a strategy for self-acceptance and societal acceptance of their height; the strategy that '*it's ok that I am this tall as I play....*', hence justifying to self and others that it was acceptable to be this tall because it could be useful. In addition, it could be considered that these participants were embracing the stereotype association with certain occupations afforded tall people from others in society. The literature gives other examples of very tall and extremely tall people embracing stereotypical views and expectations relating to some sports (Larmer 2005, Torre, Bailey and Epstein 2011, Griner and Hovey 2014, and Keith-Spiegel 2019). One participant in the present study rejected the encouragement to do basketball; "*I hated basketball and every stereotype that went with it*" (participant four), and experienced reduced occupational choice at school because no other sport was offered to him at that time. As an adult, he was now looking into sports (tennis and swimming) for which tallness could be an advantage. Other participants continued to choose sports that played to the strengths of their height as they moved into adulthood. Interpretation of the choice to continue with such sports suggests that positive feedback of occupational engagement influenced the desire to continue, and that occupational choice was ultimately influencing occupational identity.

In relation to 'playing to strengths' of tallness within other everyday activities, participants found themselves given certain roles within social events such as being the chosen group member to be sent to the bar at public houses to order drinks. Participants discovered that people at a crowded bar tended to let them through and therefore they got to the front very quickly. In addition, they took the role of keeping account of the whereabouts of all in the group as they could see above everyone else. When out in a crowd, for example at a music event, a very tall stature had a positive use, not only to keep a group together, but it also provided additional visibility and space for the tall person:

*They can spot me [friends] and I can generally spot them in a crowd, yeah. And when you go to somewhere like a gig, it's is a lot easier when you are tall. You don't get claustrophobic or anything in the crowd and you can see ....(participant seven).*

Participant four saw his height as an advantage in adolescence in that he could be served in public houses at a younger age than his friends, as he looked older, and could also manage a larger quantity of alcohol than peers due to his size. Whilst it could be argued that this was not an occupation to enhance physical well-being, the participant believed it gave him a positive status amongst his peers. This would have been helpful to participant four, who expressed that he sometimes felt lonely as a young person, and that his tallness had impacted on his psychological well-being. He was the tallest participant in Phase I (6ft 7 in/2.01m).

Several participants talked of using their height for the good of others by helping with everyday activities, such as reaching items off a high shelf when asked and changing light bulbs in awkward high places. They explained that although it might seem trivial, they were helping others; playing to the strength of their height for the benefit of others:

*erm where it's been helpful [height], it sounds silly, but when people come up to you and ask you to reach up for something for them, erm and you are happy to help (participant seven).*

Again, these examples of helping through use of height would promote the acceptance of height to the participants and others around them.

The experience of being tall had inspired one participant to consider business opportunities relating to a niche retail outlet virtual platform. His stature had influenced his thinking. He felt he had therefore played to the strength of his height, creating an opportunity to “*fix something that is broken*” (participant four), suggesting his business idea may enhance the shopping experience for the taller shopper. Participant four had used his insider knowledge as a tall consumer, to influence development and choice within his work. One of the retired basketball players in the account given by Torre, Bailey and Epstein (2011) had similarly used his height to create a business opportunity to commence a retail company for the extremely tall male consumer.

Within work-related occupations, there were advantages also to being a taller female. Some female participants had experienced occupational engagement opportunities within the workplace because the task required a taller worker to carry it out. Others expressed a feeling of being respected because of their height. A tall female stature could be perceived as assertive and ambitious (Chu and Geary 2005), which for one participant, assisted in securing employment:

*.. when I've gone for job interviews and I've got them and the feedback 'you do command a presence' and I'm just being myself, but I think it is being comfortable with who you are and your height as well. It does help with that....* (participant three).

Whilst participants embraced the positives of their height, playing to the strengths of their stature, they also shared the challenges experienced when trying to fit into a world set up for a more average height person. The next super-ordinate theme considers these experiences in more detail.

### **4.3 Super-ordinate Theme: Fitting into an Average Height World**

This super-ordinate theme considers the experiences of participants trying to engage in everyday occupations within a physical environment managing furniture, equipment and structures that were not designed for the taller person. Participant four explained:

*..these are all things that are set up for normal people, that larger, taller people sit in and have to bend themselves to the will of the average if you*

*like. ... the world is set up by people looking for the cheap option of dealing with the averages.*

Challenges existed for taller people in relation to finding items, such as clothing and furniture that would be suitable, and regularly needing to compromise their posture to physically and socially fit into their daily environments. Going about their everyday lives was made challenging by the physical environment, which was more compatible for the average height person. This caused the need for physical compromise, which would potentially increase the risk to physical well-being. Within the social environment, the participants often stood out and felt the need to compromise their posture or sit down, if possible, to be more in eye line with others. The occupation of shopping had challenges in terms of engagement because of restrictions with occupational form and reduced occupational choice. The expense of shopping was highlighted as specialised manufacturers charged more for longer, bigger items. The sub-ordinate themes 'Making Compromises' and 'Shopping Struggles' consider these daily occupational challenges in further detail. In addition, an idiosyncratic sub-ordinate theme called 'Unseen Disability' highlights how the restrictive environment made the tallest young person in Phase I of the study feel about his height.

#### **4.3.1 Sub-ordinate Theme: Making Compromises**

Fitting into the average height world entailed making compromises physically. For participants over 6ft 5in/1.96m this meant bending through doorways. Older houses and buildings provided additional challenges for participants in both work and leisure activities, due to low ceilings and doorways. Equipment such as desks and chairs were not designed for the taller worker or student and necessitated the adoption of a poor sitting posture to fit in. Participant one talked of struggling to get a good posture when in a lecture theatre:

*cos I sit in the chair and to fit my knees in I have to have my legs up and my hips are going backwards and rotating and so it's really uncomfortable and I find it hard to sit still and I'm always jiggling around and although I want to pay attention I sit close to the front and then I feel like people behind me can't see if I am sitting up straight, and sometimes I slouch down but I don't like doing that because you've got to try to keep your posture good so it can be a bit awkward sometimes.*

He expressed concern for others being able to see behind him and faced the challenge of accommodating their needs to the detriment of his posture.

The heights of working equipment, such as chairs, posed problems as they were frequently at a height and depth, which prevented good sitting posture. Some chairs were avoided by participants altogether due to difficulties with a sit to stand manoeuvre (for example a deckchair at work within an innovative creative '*thinking environment*' (participant three)). Four participants (participant two, five, seven and eight) worked in the health and social care sector where adapted equipment was required but not always available or adapted sufficiently, to enable moving and handling occupations to be undertaken in an ergonomic manner.

*Yeah, and you've obviously got to be the one who's got to move down, so the bed height would be at the level of someone else, so you've got to remember to stance yourself. I think it's quite easy to be a bit lazy cos of the way you have to bend your knees and stuff you can find yourself leaning over when you are doing it all the time, and you just need to remember (participant seven).*

Pushing wheelchairs and pushchairs was also problematic due to the position of the handles, which often could not be extended "*Employers will often pay for longer uniforms but not adapted equipment [pushchairs]. Sometimes I just have to use standard equipment*" (participant eight). Posture was compromised; "*yeah, actually it does sometimes feel like you're bending over, with the height of the wheelchair you do have to bend a bit sometimes*" (participant seven), which could lead to musculo-skeletal stress as highlighted in research by Snijders et al (2008). Participant five, also talked about the difficulties working in a healthcare environment, when adjustable height beds were not high enough for him to assist with bed manoeuvres.

Restrictions within the physical work environment eliminated some choice of career path; examples included pilot, plumber and electrician. It could be considered that this was a form of occupational injustice, such as occupational deprivation (Durocher 2017), as participants were unable to pursue these careers due to their height mismatch with the working height restrictions. In addition, it could be suggested that as the cause of inaccessible occupations were related to the physical environment restrictions, participants were experiencing

disability issues from the perspective of the Social Model of Disability (Oliver 1990,2013). Participant six talked of having to adjust his weekly work-related timetable of activities to ensure those which required a compromised posture were spread out to avoid too much physical distress. This could be interpreted as needing to adapt to compensate for physical well-being problems caused by a physical, built environment that dis-abled him. One of the participants discussed the concept of being dis-abled by the physical environment in a subordinate theme called 'An Unseen Disability'.

In relation to travel and leisure occupations, the participants talked about restricted legroom in airplanes, theatres and cars. There was an air of resigned acceptance of the situation as summed up by participant seven: *"I kinda accept it. I'm a bit lanky and my knees are gonna be up by my ears"*. Headroom was also problematic on the upstairs deck of double decker buses and in some cars. These physical restrictions had an impact on occupational engagement for travel activities and leisure pursuits, but could also influence occupational performance, for example when driving. Air travel necessitated the purchase of seats with extra legroom, at additional cost, or standing most of the flight, or gaining an aisle seat and putting legs out into the aisle. Certain cars were not accessible and so purchase was restricted to larger and more expensive cars. Participant four questioned whether taller people were taxed more for the items they purchased.

*..are you being taxed for being tall? That's probably a bit extreme, but I think you know stuff costs more, you know from niche clothing to the car maybe, I can't quite get that car I want in the price bracket I want. I have to buy one that is slightly bigger or I have to buy a car that I don't particularly want but can fit in, therefore erm, to plane tickets to legroom seats.*

He talked of his everyday environment in the following way *"this world does not feel like a world for me, it feels like a world for everyone else"*. This suggests that the world does not easily accommodate the person with the very tall stature, and requires compromise on the part of the very tall person, to fit in. There is also a potential for the very tall consumer to spend more to gain a better 'fit' with items, which could impact on financial well-being.

Within the home environment, participants were considering changing kitchen work-surface heights due to the continual compromise on posture when carrying out cooking and



cleaning activities. One participant was also considering raising the height of his home toilet seats and other fixed furniture. He explained that *“my tall life will now spill into my home life”* (participant four). Others talked about problems with bathroom equipment, specifically bath and fixed showers being at a length and height that constituted a poor posture to access. All of the male participants and some female participants suffered from back pain, which reduced occupational engagement, and caused problems with activities of daily living such as kitchen tasks. Participant one explained, *“I have got lower back pain cos everything is lower down”*. Participant eight talked of her back pain, which affected physical well-being, due to poor postures being adopted. She was trying to overcome her back problems *“you know, look after your back as taller people are more likely to get back problems...Certain activities can assist such as swimming and Pilates”*. Leisure sport pursuits however could be problematic and had caused injury when equipment was not the correct size for a taller stature.

Engaging in social activities involved slouching, stooping, and ‘dipping’ to enable participants to communicate more effectively. Participant one felt that his standing posture was adapted and his head was slightly forward to enable him to stop to talk and listen to others: *“I’m always looking down to people to talk to them so it’s become a natural position to be in”*. Therefore, he was stooping to talk and listen and to hence feel part of the social group. Participant seven shared how she adopted a poor posture of slouching to fit in with others:

*..that’s something I’ve learnt to do, cos when I was younger and self-conscious of my height I would slouch. You don’t look very confident. You just don’t look right... its just not an attractive way to hold yourself, its better to just stand tall and “here I am”” .... “yeah I do a dropped leg sometimes” ..... “if you are tall and out with someone shorter, you wanna be able to look at them.*

Hence, she was adopting a compromised posture to fit into her social environment, but was aware that it gave a message of not being confident with the body image of height.

The use of slouching and stooping demonstrated that the emphasis on social well-being could be seen to over-ride the importance of physical health, although one participant had adopted a strategy to try to manage both. Participant four had resorted to sitting down in bars when out socialising:

*..because if you stand up in a bar all the communication takes place 12in below you. Well actually, you may as well go out on your own drinking then, whereas at least if you sit down the height doesn't become such an issue.*

Poor posture extended to other social activities such as being in a group photograph. Female participants particularly felt uncomfortable in-group photographs, and they adopted compromised postures such as crouching to fit in with the others in the picture. The photograph was also a concrete reminder of the height difference. Participant seven expressed how uncomfortable she felt participating in photograph taking activities:

*I guess also if you are on some pictures with friends, if you are a lot taller than them in pictures, I don't really like that, I think it looks strange. I find myself going at the back or crouching down a little bit or something.*

Awareness of self and others around them resulted in participants compromising where they stood or sat in communal gatherings. Standing at the back, behind others, in photographs, but also at group social gatherings, such as music concerts, was felt to be a required compromise by participants to avoid blocking others' views. *"I sometimes find it a bit awkward and feel bad"* (participant seven). Participant six talked about compromise for the needs of others in sitting in social situations:

*I think if I'm sitting somewhere, then I try not to.... or I slouch or I try not to sit in front of someone... what I do is when I sit down, I turn round and say I'm sorry if I'm blocking your view.*

This resonates with the concerns voiced by participant one on page 86, in relation to sitting in the lecture theatre. It seemed that participants were trying to limit inconvenience to others, which could compromise, not only their postures, but also their engagement and enjoyment in occupations.

Compromise extended to the choice of footwear by female participants, in order to fit in socially. The majority of the female participants felt unable to choose to wear shoes with high heels for engaging in everyday occupations, due to comments they received regarding their height. One participant also stated, *"I would feel self-conscious, cos I would feel too tall with heels"* (participant seven). There was a desire to be able to wear high heels and a

frustration that this was not really a choice that the female participants could take up, and this stood them apart from their shorter female friends who had that choice. Participant two articulated that being able to wear high heels symbolised femininity. People had commented on her heels in the past stating that she did not need heels to give her height and she had tried to explain that she just wanted to wear them and should have the right to do so. It seemed that high heels would also jeopardise the typical height expectation in heterosexual partnerships, with the man being taller than the woman. This was commented on by participant two, who in the past had dated smaller men and had worn high heels, as she was already the taller person in the couple. However, if the very tall female wanted to attract a taller male, then the choice of wearing high heel shoes was reduced. Participant two was now in a relationship whereby her partner was just a little taller than her. Both she and her partner did not want her to be taller and so she now avoided wearing high heels. Participant seven felt that her height restricted her choice of shoe heel height:

*erm I don't know like, sometimes I wear a small heel but if there is like an event, I think "what shoes am I going to wear" because I don't just want to wear nice shoes, boring shoes but I would want to feel comfortable, not feel self-conscious.*

Low heel shoes were seen in this quote as nice but boring to feel comfortable with her height, then the decision she usually made was to choose the '*nice boring shoes*'. This could be interpreted to be a restriction on choice to enhance social and psychological well-being.

All participants experienced challenges within the occupation of shopping. Being a taller than average consumer brought reduction in occupational choice, and dictated a specific form of the occupation – shopping on the internet. The next sub-ordinate theme discusses this in further detail.

#### **4.3.2 Sub-ordinate Theme: Shopping Struggles**

Participants talked about the occupation of shopping; "*it's a bit of a struggle, but I just put up with it*" (participant one). Body shape determined the problems for the participants, so for some participants the leg length was a concern, and for some male participants it was the struggle to find body length without excessive width. Participant one explained further,

*“they think that cos you’re tall you’ve got to be quite obese or something as well”.* This caused a reaction of annoyance and frustration for male participants. Specialist websites for longer clothes often needed to be accessed and the price of items from these sources tended to be more than typical sized clothes. It was also difficult to sometimes find fashionable items.

Participant four talked of being a passionate consumer:

*I think that tall people, I think probably in any niche, once you find your suppliers you’ll cling onto them .... and then you are gutted when they go out of business, but when they’ve got new stuff you are more excited. So I think that things like that are amplified in that regard as the consumer.*

He rejoiced when he found an outlet that catered for him. Likewise, when such an outlet closed down, he was saddened. He talked of experiencing more disappointment than other people who were not so tall, something which participant six concurred, particularly as he found that he had little choice but to shop on line, so hence not try before buy.

All female participants also struggled to shop in typical high street stores for clothes. If companies did provide a range of clothes for the taller woman, there was limited choice and it was only accessible online. This determined that the occupational form of shopping would be virtual, causing frustrations to the participants who felt that occupational engagement of clothes shopping was limited as compared to their smaller female friends. Specialist shops charged more for items and there was less choice in selection, which as participant three explained gave a limited opportunity to have a unique perspective on attire. A number of female participants struggled to shop for shoes and found the experience annoying. Taking into account the need for shoes to have small heels, the limited availability and choice, and the form of the occupation of shoe shopping being virtual, this all added to feelings of annoyance.

In relation to purchasing items such as furniture, participants usually had to compromise their posture to fit the items on offer, which were built for a more average height person. Some longer and bigger furniture was available, such as beds, but again were limited in choice and were more expensive. Buying longer furniture such as beds solved one problem

but caused another, as bedding also needed to be lengthened, as participant eight explained, “*nothing is ideal in the tall world*”.

One participant expressed how trying to fit into an average height world made him feel about his height, tallness being an unseen disability.

#### **4.3.3 Sub-ordinate Theme: An Unseen Disability**

This was an idiosyncratic theme identified by participant four. He considered that his tallness was an unseen disability:

*..the problem in inverted commas with being tall.... I kinda see it as an unseen disability, in that nobody really, unless you have experienced it, nobody really acknowledges that it would be anything other than a good thing. There is nothing you can do about it, it's not fixable. I supposed there are things that you can do to make your life easier but by definition, that's the same with disability, you know, if you couldn't walk you'd have a wheelchair, erm if you're tall you might invest in a slightly higher kitchen.*

This account gives the impression that participant four felt disabled by his tall stature, due to the environment. His height was permanent, and was a problem that could not be fixed. Others in the study also talked of the permanent nature of their height and how they could do nothing about it, and so they needed to embrace it and manage through compromise. In the above quote, participant four equated the tallness to being restricted and therefore the need to adapt to be able to function in the world. So where a wheelchair may be needed to assist immobility, adaptations by the tall person, or by items/equipment used, were necessary to manage everyday tasks in a way to assist physical well-being. Participant four considered his feeling of disability through social and environmental limitations and was therefore embracing the Social Model of Disability (Oliver 1990, 2013) in consideration of challenges relating to his height. He was the tallest person in Phase I of the study at height 6ft 7in/2.01m and experienced feelings of a negative nature due to it being extremely difficult to manage in a world built for the average. This theme required further exploration in Phase II of the study, and whether feelings of disability could be linked to

identity. Meanwhile, the next super-ordinate theme does consider tallness and identity from an individual and group perspective.

#### **4.4 Super-ordinate Theme: Tallness and Identity**

All participants explained that people mentioned their height as one of the first comments made. This linked height to them and for many of the participants was seen to influence their identity. The concept of identity is difficult to define. On a basic level personal identity, also known as self-identity, includes the physical, psychological and interpersonal characteristics of a person and embraces aspects such as beliefs, values roles and body image (American Psychological Association (APA) n.d.). Participant six held a unique perspective on identity in that he felt that due to his religious beliefs, his faith, rather than his height, held a greater influence on his identity. Emotions such as frustration (participant four) and annoyance (participant one) were expressed when talking about how they were 'known' for their height. Conversations usually started by others discussing the height of the participant. They were referred to by their height *"oh you're the really tall one"* (participant one). Participant one shared that every first question when meeting someone was about his height, and it felt like people were judging his height. He did adopt an acceptance that this was a natural occurrence as people were seeing diversity. Participant six concurred that this was an expected reaction to seeing a very tall person. Participant six was more conciliatory and expressed acceptance of the situation, *"but it doesn't bother me that people say stuff like that ... cos not everyone's that tall, so it's something that stands out yeah, something to comment on"*.

Societal acceptance to talk about someone's tallness seemed to stem from positive associations of tall stature. Participant four however argued that *"for someone who was not tall, tallness could only be seen as something positive, yet, in every tall person was an average person trying to get out"*. His thoughts about being judged, resonated with the feelings shared by participant one, and he added that people had made a judgment about who he was before even getting to know him:

*You've judged me already. You know. The first thing you've done is made a comment about how I look... the first label I get labelled with is "the tall one" you would probably not describe me in any other way.*

The use of the word 'label' categorises, as can be seen in the above quote. Labelling can also result in stigma (Hallawell and Brittle 1995). Being different through stature can incur a label, which can engender stereotypical thinking about height, and lead to a particular attitude, either positive or negative. The majority of the female participants had been the tallest girl in their schools. They had been known (labelled) for their height and as participant two explained *"I was always the tallest girl, and that was my title"*. She felt that height was part of her identity and would describe herself as tall when talking about herself to others. However, other female participants declined to articulate themselves as tall but acknowledged that others would attribute height to their identity. Participant two described the time when she came to university and realised that she was no longer the tallest female student. She met someone who was taller than her and this threatened the uniqueness of her personal identity:

*..my identity's gone a little bit... that was part of me and now I am not the tallest person but then I thought it was nice not to be the tallest person and we had a joke and I am her tall friend and she is my tall friend.*

It seemed that a feeling of uniqueness had helped this participant to manage her height and its association with her personal identity. This had been jeopardised when meeting a taller woman, although there were positives from a social identity perspective of knowing and being friends with another tall female. Meeting other tall people was welcomed by all female participants and most male participants, as it provided an opportunity for social identity, a feeling of belonging. The importance of being around other tall people will be discussed under the sub-ordinate theme 'The Tall Zone'. In addition, participants experienced conversations with others who held occupational identity perceptions relating to tall people, and this will be considered within the sub-ordinate theme "So you must be....".

#### **4.4.1 Sub-ordinate Theme: The Tall Zone**

All participants from Phase I of the study came from tall families, hence their constitutional tall stature. This provided comfort and reassurance, as they were part of a tall community, giving a sense of social identity. The majority welcomed the opportunity to make friends and socialise with other tall people, developing the tall community; The Tall Zone. For some female participants this meant joining specific clubs as adults to engage in activities such as

netball and rugby, which were generally acknowledged to be aligned with a tall stature. Joining these clubs provided the opportunity to make tall friends, which in turn strengthened a social identity and provided reassurance regarding height being an attribute. Participant three explained about playing netball as an adult with another tall female player:

*I like it when we play together because we walk up onto the court and it feels like "height is a good thing.... Not that it's a bad thing anyway but erm its quite nice to walk on together because "ooh we've got some height" so even if we are really rubbish, we've err got height on our side and so that's ok" So I like it when she's playing.*

This implied that perhaps they were a team within a team for which height was a shared attribute, helping to promote a sense of belonging and worth. The same participant explained further that she felt more relaxed when walking into a social environment with someone with a bit of height: *"I like being with other tall people [laughs]. I do, I feel, I just feel more comfortable in terms of like if we were going out or if we were going to be in a photo".* So engaging in daily occupations, were more comfortable when shared with other tall people. Participant eight shared her experience of engaging in social occupations as an adult by being part of a national club for tall people. She explained that the club had been specifically devised for tall members of the community and offered mutual support relating to tallness. Activities and social events helped with networking and in the past workshops had been provided to help tall people with assertiveness and positive thinking. As participant eight discussed *"the xxx is like a family. It is great for networking and you are not missing half of the conversation cos of being so much taller."* Participant seven described having tall female friends both *"kinda strange and reassuring"*. She explained that it would be strange if all they had in common was height, that friendship was based on more than this, but it would be helpful to have height in common as they could *"relate to being tall together"*. The additional understanding that comes through experience could enable a *"mutual appreciation"* (participant seven) of life as a very tall person. It seemed the tall club provided just this for participant eight and whilst tallness was the starting point for conversation, it enabled opportunities to seek out other commonality and shared interests. Overall, in Phase I of the study, there seemed to be a seeking out of tall friends by tall



female participants, to provide a Tall Zone, which was achieved through choice of sporting occupation for some participants and joining of a specific tall club for another participant.

All male participants similarly found that being around other tall people could be advantageous. There was support and understanding to be shared, and sometimes it could feel more comfortable to be around tall people, as participant one explained, *“so when I am with my friend who is the same size as me, I have more to talk about and maybe feel more comfortable”*. He expanded to explain how height helped them to become friends *“... and I suppose that we met because we had mutual friends in secondary school and both recognised that we were really tall people and so it just sort of helped”*.

When tall male participants were engaging in social activities such as going to the pub, there would be an acknowledgment of other tall people *“sometimes you’ll be looking across everyone else’s heads and you’ll be like [signal for a drink]”* (participant five). They talked about also ‘the nod’, which would be given across the heads of others:

*I think that being tall does kind of bind people together in a kinda, when you see a fellow tall person in a shop, it is not something you’ll instantly jump on and go ‘oh you’re tall let’s talk about being tall together’ you kinda, there’s kinda nod or a ‘mmm I can see you above everyone else in the bar, erm can you hear anyone else? No I can’t hear them’* (participant four).

However, the thought of having a lot of tall people together would, for participant four, accentuate their collective height and would be something he would not feel comfortable with, such as attending a national tall persons’ club event. He preferred the idea of online forums, which could offer support for tall people without having to physically meet up. Whilst it is recognised that speaking to other tall people could be helpful, it may also emphasize frustrations:

*when you speak occasionally to other tall people, and you find there are those parallels, they do kind of bind you together I guess but equally their frustrations and you don’t want to live your life I suppose being frustrated. I’m frustrated enough. I don’t need to talk to other tall people I guess* (participant four).

He was implying that tallness would be amplified in a group of tall people and conversation would inevitably focus on the challenges of being tall. Whilst some would find this a supportive conversation, he felt it would accentuate his frustrations about his height.

A different perspective in relation to The Tall Zone considered the personal intimate relationship. All the female participants extended their Tall Zone to include their intimate partner or potential partner. They were all in relationships with a taller male partner or planned to be. Whilst some had dated shorter men and had not expressed a problem with this, some compromises had been made to a situation *"you don't see often"* (participant three). Participant two gave an example of a compromise she had adopted; walk off the kerb when walking alongside a previous smaller partner. She talked of jokes being made about the height difference, which after a while were not funny. She explained that it felt *"more normal"* to be with a taller partner. Participant seven concurred that it was *"off putting if someone [male partner] isn't taller than me"*. She went on to explain that The Tall Zone was limited in this regard *"that rules out a few people"*. Both participants felt it should not matter if the partner was shorter but it somehow did. Participant three suggested that being in a relationship with a taller partner might have contributed to her feeling more comfortable with her height. *"I'm in a happy relationship and my husband's also tall so it doesn't really bother me like... so whether it's just that and just feeling a bit more confident [re height]"*. It could be interpreted that to gain the identity of a female in a heterosexual relationship that was generally acceptable in society, the male needed to be taller. Recent research (Stulp et al 2013) suggests that 'taller male, shorter female' remains the prevailing view in UK society.

To summarise, whilst some tall participants, saw height as part of their identity, others would not articulate height as part of their identity. However, they were all making occupational choices that enabled them to meet other tall people. It could be argued that engaging in such occupations gave a sense of belonging and the opportunity to strengthen social identity. Participant two even touched on a potential future Tall Zone, the importance of being supportive of any children she may have, to empathize on matters related to height. *"Me having that height will give me insight into how to address it with my children if they are tall"*.

Tall stature was noticeable within the social environment, as participants literally stood out from their peers and others in society. The next sub-ordinate theme is entitled 'So you must be' and considers others perceptions of height related occupational identity.

#### **4.4.2 Sub-ordinate Theme: "So you must be...."**

The association of height to the person can be reinforced by how people articulate this; hence others perceptions of the identity of the very tall person. Female tallness triggered associations with certain occupations, which participants surmised was a result of stereotypical thinking on the part of others when faced with a tall female. The female participants gave examples of how others perceive tall women to be engaging in occupations such as netball and basketball. As participant seven explained, *"people still ask me if I play netball and basketball, just because I am tall"*. Participant three explained that she was regularly asked if she played basketball and had responded *"No but I do play netball and so I fit your stereotype"*. Interestingly, both participants did play netball as adults and so were reinforcing the stereotype view. It could be suggested that their height had influenced their choice of occupation, which in turn had helped to mould their occupational identity. Others in society were aware of the association between certain occupations and height and so the occupational identity, which subsequently developed for participants, through occupational choice of activities such as netball, could reinforce the stereotypical association by others.

Most female participants received suggestions by others to engage in the occupation of modelling due to the association with tall stature. Thus, others were suggesting occupations to develop the occupational identity of the female participants. This cause embarrassment due to the other related attributes that are required to take up the occupation of modelling, which the participants intimated were lacking. As participant two explained, for a young tall female who was not happy with her body image, the conversation with all the associated connotations: tall, elegant, beautiful, slim, could make the tall female feel worse about her size. This was usually not the intention of the person suggesting the idea of being a model.... *"I didn't like myself very much so that was the worst thing to hear" [about being a model]*. Participant three felt that the 'model' conversation, whilst positive in its intention: *"oh, it's lovely. I wish I could be that tall..You're like a model"*, drew attention to her height and was an uncomfortable dialogue.

Remaining with the stereotypical view of tallness and associations from those in society, within the work environment, two of the four male participants identified that they were seen as leaders and an authority, which resonated with their work role. This links well with the literature associating tall height with power (Blaker et al 2013, Murray and Schmitz 2011). One participant explained how regularly in his health care therapist role, he was mistaken for a doctor just because he was male and tall:

*they would just assume that I was the doctor. Big, tall guy. ..I did find it sort of fascinating in terms of peoples' schema in terms of understanding social, you know healthcare social concepts, you know tall male – must be a doctor. You know I was in classic xxxx uniform, but they don't look at that, they are "oh sorry, doctor".*

Whilst tallness in males was related positively to authority, from a female perspective, participant three reflected that perhaps shorter men found taller women intimidating:

*I've had some friends say it in the past. A guy's approached me and sort of joked about it "oh he's just intimidated by your stature" those sort of words. I think you can be, yeah cos people don't necessarily .... It can be a bit awkward sort of looking up at you. I think that's the issue when you are looking, when there's that much so that they have to look up, that's when I think they feel a bit uncomfortable and ....I'm just the least intimidating person [laughs].*

Research suggests that a taller woman can be viewed by others as less nurturing (Chu and Geary 2005) and more intimidating (Firmin et al 2012). Participant three talked of feeling apologetic for her height at times when it seems to cause a reaction of insecurity for a shorter man, who had a more senior position than her within the work environment. She tried to sit down when she could to compromise and adjust the situation. It could be interpreted that this participant was apologising for not fitting into the stereotypical expectations of the female stature.

The next super-ordinate theme considers how by their height, participants stood out from others. The super-ordinate theme discusses how participants managed the regular comments and behaviour they experienced from others.

#### 4.5 Super-ordinate Theme: “Standing Out”

Participants discussed the challenges of standing out when in the company of others in their daily lives. They used phrases such as “*sticking out*” (participant three), “*sticking out like a sore thumb*” (participant one) and “*standing out*” (participant three). These terms implied that the participants were different from many around them. One female participant was often asked to ‘stand up’ in social and family circles so that her height could be viewed. “*So I was always being singled out for my height, not in a bad way*” (participant two). It appeared that her height was being celebrated by others however, there seemed to be a lack of understanding of how the very tall young person may be feeling about the diversity of her height. This was a dilemma as people assumed that tall stature was something to be celebrated and even envied, yet the person who had the tall stature just wanted to fit in with the crowd and to avoid showcasing his/her height.

The female participants felt that their unconventional height brought attention, which caused embarrassment and awkwardness. At times participant two had been shocked to anger at some comments she received, and felt that ‘standing out’ had impacted on her well-being when growing up; “*It does really impact on health and well-being as I thought ‘why can’t I be smaller, why am I so tall’*”. In addition, recently within her present retail work environment, participant two experienced customers peering over the counter to see if she was standing on a box when serving them.

A number of participants appreciated that comments about their height were a natural start to a conversation, but they all felt uncomfortable discussing their height which was a personal aspect of them. As participant seven commented, “*people just don’t think about it*” in terms of height being a personal element that perhaps the taller person did not want to discuss. It was perceived to be a right of others to discuss their height, yet people would not naturally point out body shape or structure other than in relation to tall stature. It felt as though talking about someone’s height was a norm particularly if tall, and perhaps that is due to tallness being considered in society as an attribute (Persico, Postlewaite and Silverman 2004). Participant three echoed feelings of frustration at having to explain the rationale for her height to strangers. The requirement to disclose personal information just to explain your body structure was something that many others in society did not have to experience. Participant three explained that this felt intrusive. Having to manage

comments about height was a regular occurrence and re-emphasised the diversity that their height represented *“sometimes it is said in a nice way. But it is still drawing attention to it, and I already stick out a little bit”* (participant three).

The very tall young people in Phase I had to manage comments from others on a regular basis, which could be an unwelcome reminder of how different they were from others

*yeah, I feel like, sometimes if I’ve not had the best day or something it can make you feel a bit like “too tall” [slightly uncomfortable laugh], it’s the last thing you want to hear. It doesn’t exactly knock your confidence or anything but makes you think that is what the person has just spoken to me* (participant seven).

Such comments had been noted by others on occasion who often offered support:

*I’ve got some confident [smaller] friends so on nights out they’ll have little smart answers to send back to them, but erm they’re normally a little bit more defensive than I am* (participant three).

Participant seven talked of how she has responded almost in automatic retaliation:

*‘oh god you two are really tall’ and I said ‘you’re really ugly’ [laughs] .. it was one of those moments when I was caught by surprise. I was out and having fun and literally walking past. It was kind of a personal comment to make about someone but people don’t think about it, and he wasn’t ugly or anything.*

She seemed to be implying that the random personal comment received was unwanted and because she was caught off guard, she did not adopt her usual response, but instead used a perhaps less tolerant reply. Her comments indicated she wanted her commentator to experience something similar in terms of a random personal comment, so that perhaps he could reflect on how such comments made the receiver feel.

Several of the female participants talked about being a target because of their tall stature.

*People stop me in the street and quite a lot of the time it’s to do with your height, it’s a bit strange sometimes how much you are targeted. And I understand probably as I am a woman. It’s a sex thing. As I am a woman*

*and 6ft. If I was a man and was 6ft or just a bit taller than normal no-one would say anything” “I think it is because I am a woman people feel they need to come up and tell me that I’m tall. I think it’s a sexist thing as cos you are a woman and you are tall. So why can’t I be tall? (participant two).*

The above quote promotes the reflection of whether society is more accommodating to the very tall male. However, male participants also talked about the concept of being a target because of their height. At times they had dealt with inebriated smaller men who had wanted to fight them *“oh, he’s tall, let’s see if I can have a pop at him”* (participant five). Similar experiences have occurred with other very young tall men in society, sometimes with devastating consequences, such as the situation for a young 6ft 11in/2.11m man, who was dancing at a nightclub when he was targeted for a fight and sustained a brain injury and spinal damage (Darrell 2011). Strategies such as humour, and effective talking, had diffused situations for participants, but on a couple of occasions when a fight had broken out for one participant, he felt that he was perceived to be in the wrong due to his height:

*no matter how much in the right I was, when a tall person defends themselves, you will never win that fight, whether morally or physically. The tall person hitting the small person is always going to be seen as, you know, ‘you shouldn’t have hit him as you are bigger than him!’*  
(participant four).

This could imply that height gives an unfair advantage. This was certainly alluded to in terms of experiences of team sports at school for several male participants. Male participants were put with the year above to avoid an unfair advantage over peers in team sports such as rugby, basketball and football. It could also be suggested that height was feared through the potential to hurt others due to tall stature. Playing with older children would have put extra pressure on the tall participants to ‘fit in’ with an older cohort just because they were ‘too tall’ for the year they were in.

Negative attention was experienced at school by both male and female participants, including jokes being made by teachers, embarrassing handling of school photograph activities and being singled out and bullied at school, either physically or using words. Some felt that others were intimidated by their height and so didn’t pick on them at school.

Participant one talked about how others at school may have felt intimidated by his height, which is why he was 'not really' bullied (name calling occurred). Participant six considered that the bullying he experienced in some way helped him to manage his height for the future. It seems he was implying that it built his resilience. He felt he could do nothing about the bullying except to ride the storm:

*..yeah, I mean I used to get bullied quite a lot when I was younger, erm but I never, it never really bothered me that I was getting bullied. Probably cos there was nothing that could help, but yeah it happened. I'm not. I don't know. I think it's, I think it was not helpful but I think it was good that it happened that I got bullied because it helped me to become, cos, I'm quite laid back and easy going and nothing really bothers me that much, and I think it just shaped me into the person I am...*

This extract contradicts in that it was stated that it was not helpful being bullied, but there seemed to be no escape from the bullying (his height could not be changed for example). However, the participant, now in hindsight, perhaps considers it was helpful to be bullied in that it helped him to build resilience for when people would comment about his height in life. There was a feeling that nothing could be done and to manage he adopted an air of not being bothered; almost like rising above it.

This brings forward the perception from the participants of how their height made others feel. Participant three talked of her height bringing out insecurities of others, particularly short men. She had received comments in her work role that made her "*feel awful but I can do nothing about it*". She went on to state that she felt that shorter men found taller women intimidating and had experienced comments in social environments to this effect. Participant two discussed her height being the subject of jokes particularly when she was in a relationship with a shorter man. Having to manage regular comments about height could be upsetting and she was surprised by how much her height was still a focus now that she was older. "*I feel my height is not so much of a focus now that I am older but it is surprising how much it still is*"...."*even now it is still quite a topic*". She seemed to be saying that she was surprised to still be receiving so many comments about her height as an adult, and by other adults. This could be because although she was more comfortable with her height



now that she had reached adulthood, for others it remained quite a novel experience, seeing a woman with a stature that did not conform to expectation.

Positive attention from others in relation to height was described by some of the male participants. By standing out they attracted members of the opposite sex who expressed that the tallness was attractive. This resonates with the personification of male body shape attractiveness in Western Society (Tiggemann 2012). In addition, male peers who were shorter in stature than participants had expressed a wish for a taller height. This could be as a result of a perception that the life of the taller man is more positive, as highlighted within the research by Denny (2017) who discovered that shorter men experienced lower levels of life satisfaction than taller men. Female participants in the present study did not feel such positive experiences in relation to their height. Tiggemann (2012) lists tall stature as an attribute for the female body image from the perspective of Western society but does not provide an indication of the extent of tallness.

Participants considered their interpretations of how others perceived their height. In addition, they discussed how they themselves felt about their height. This is embraced in the next super-ordinate theme called 'Being "comfortable in my own skin"'.

#### **4.6 Super-ordinate Theme: Being "Comfortable in my own skin"**

The participants had embraced their stature, as it was something they could not change and so they just *"got on with it"* (participant five). The majority of the male participants felt that being their height did not bother them as adults and if they had a choice they would remain the same height. Participant one who was 6ft 6in/1.98m, said that he did not regularly think about his height in his day and had not found being tall a struggle from a mental well-being perspective. He had been encouraged by his mum to consider tallness to be symbolic of a *"superior"* status, which could be suggested to link in with society's views on the tall white male. He concluded his interview stating that he was happy with his height.

Three of the four men in the study expressed that they were satisfied with their height (6ft 6in/1.98m, 6ft 5in/1.96m, 6ft 5in/1.96m): *Yeah, generally I enjoy being tall. I think if I was any shorter I wouldn't don't know, I enjoy being as tall as I am"* (participant six). Participants talked about accepting their height, due to it being a permanent feature, and getting on

with their lives. However, participant four, at 6ft 7in/2.01m, when asked what would be his ideal height:

*I've always kinda thought that certainly errr 6ft 4in would be a great height in terms of err you can make it through doorways and you are still taller than the average but you're not err, you can still probably get your clothes to fit you just about, shoes are probably size 12 or something like that so there's a, so that's probably, if I could change it, yeah then I would probably change it to about that.*

The tallest male participant felt he had a negative view on life due to his tallness. He explained that *"I guess that when you are tall, everything is a tiny bit harder anyway"* (participant four). He had wanted to stand out for something different when younger and masked how uncomfortable he was with humour. He was trying to be *"the funny one"* as he could *"make fun of myself"*. He found humour to be an effective way of engaging with people. However, he also found that he used drinking to manage his height and felt that:

*the drinking's probably followed me through to you know later life erm in one form or another [pause] so year, I think that from that point of view that is probably how my height has affected me kinda of mentally in how I feel about myself I guess.*

He explained that he had felt lonely a lot of the time when growing up and this was because he stood out at a time when it was important to fit in. However now as an adult he explained how he felt a kind of celebratory status in being the height he was. He was known for his height and it sort of gave him a unique identity. However, he went on to share that the uniqueness was not valid as it was *"just genetics at the end of the day and not something I have worked on"*. Hence, he felt the special status afforded to him had not been earned and was not therefore validated. The uniqueness of very tall stature seemed to provide a glimmer of positivity and was considered further in Phase II of the study.

Being proud to be tall was a notion that participant four articulated was a struggle...

*my physical attributes, the things that I cannot change about myself, I find that quite difficult to erm make peace with I suppose in that when somebody says 'you should be proud that you are so tall' but why, cos*

*should someone be proud of being short or like average height, no, cos average height people aren't just proud of their height.*

Tall stature could be seen by others as something to be proud of, yet the unwanted attention, the difficulties with the physical and social environment and occupations caused annoyance, frustration, and even loneliness for participants in the study. *"Unless you have experienced it [having very tall stature] nobody acknowledges that it could be anything other than a good thing"* (participant four).

The female participants shared how age had helped with acceptance of their height. As they had grown older, they have come to terms with the diversity of their height. Participant two suggested that her self-esteem had increased with age. It could be proposed that as the participants have moved out of the psychosocial stage of adolescence: identity versus role confusion 13-19 years, (Erikson and Erikson 1997) they had gained an acceptance of height being part of who they are. Participant three explained that *"I feel comfortable in my own skin. I'm a bit more accepting of the way I am. I'm not going to change it, so embrace it"*. The knowledge that height could not be altered, the finality of it, helped the participants to accept their stature and get on with life. Participant three reasoned this as:

*like everyone has their little things, they are not happy with about themselves. So even if I wasn't tall, there would probably be something else that I was unhappy with, well not unhappy but might be concerned about.*

This suggests that height was still somewhat of a concern but was being managed. Participant three explained that having a taller husband helped, and as she had become older, she has gained more self-confidence. Most of the female participants wished to be a little smaller, still tall but not as tall as their present very tall stature. Participant seven shared that she would prefer to be smaller and that her height caused upset when she was younger, but that now *"it doesn't really bother me. I'd like to be a bit shorter, but it's fine"*. Participant two discussed the wish to be 5ft 10in/1.78m:

*as I have got older, I've probably dealt with my height more but I remember detesting my height...even now I would like to be a bit smaller, like 5ft 10in is a nice height. You're tall but not too tall. I think that once*

*you go past that you do feel a bit more, you know everyone can see you and everyone knows, but I do remember struggling with my height when I was younger. Always not wanting to be tall, wanting to be smaller.*

She felt “*more normal*” now that she was with a taller male partner. Most of the female participants were in a relationship with a taller male partner. It seems therefore that having a taller partner has assisted the tall women in feeling more comfortable with their height. Perhaps this was due to the fact that they could still be accommodated in the conventions of height distribution expectations in heterosexual relationships. This indicates that female participants felt it was important to be smaller than their partner, although participants two and three had been in relationships with smaller men and found it not to be problematic. Participant three talked of being protected from comments about her height when she was with her taller partner.

Engaging in occupations that see height as an advantage also helped with acceptance of height as participant three explained “*so I think being part of a nice netball team helps as well, and erm using my height*”. Participant eight talked of the benefit of social activities with other tall people in a national tall persons’ club, whereby tall stature was a key factor embraced within the group.

Several participants had alluded to ideal heights for managing daily life. This is supported in the literature (Hensley 1994, Binder et al 1997, Parmar et al 2014) whereby tall stature to a certain height is seen as acceptable and manageable in society. Participant seven shared that whilst she accepted her height, she would prefer to be a bit shorter:

*I would probably prefer to be a bit shorter. I think when I was younger, like secondary school age it used to like bother me quite a lot, especially you know when you are a bit self-conscious at that age. And you see people you haven’t seen for a while ‘getting really tall’ and you’d be really tall, taller than everyone else. I got quite upset about it when I was younger. You would be more self-conscious and it affects your confidence a bit. But now, like it doesn’t really bother me. I think if you were to say what would your ideal height be, I’d say yeah I’d like to be a bit shorter, but erm yeah its fine.*

A sub-theme about body image is considered in relation to how the participants perceived their stature.

#### **4.6.1 Sub-ordinate Theme: Body Image**

All participants were aware of their tallness particularly when engaging in social activities or work activities with smaller people. As participant seven explained at these times *"I am aware of my height and think about it, particularly when with shorter people. I do feel very tall"*. She also called herself *"really tall"* and *"too tall"* when wearing heels. She used the word *"tower"* when discussing working with smaller service users in her health and social care role; *"yeah, yeah, I mean people say I look quite funny when I'm walking with a little old lady [laughs] I tower over them"*. This could serve to re-emphasize her view of her body image, which is the image a person has about his or her own body (McShirley 2015). All female participants were conscious of their height when growing up and participant eight talked of walking with a slight stoop due to embarrassment of her tall stature. As she had grown older, she had gained confidence and greater acceptance of her height. Participant three talked of her height and her family height as *"not normal"*, she referred to herself and another tall netball player as *"lanky"*. However, when asked about identity and height, she explained that she would not describe herself as tall to others. This would not be a description she would give of herself. Lanky is defined as *"ungracefully thin and raw-boned; bony; gaunt"* (Dictionary.com n.d.) and is used in a derogatory way when describing a tall person. Self-depreciation by using terminology that is often used negatively by others, could be interpreted as a way to gain social acceptance. Taking ownership of the terminology potentially may also be empowering. There seemed an overall feeling that being so tall was not the ideal body shape for the female participants. Participant two challenged this view of tallness and women. She felt a little bit unique because of her tall stature and suggested *"it's pioneering, and girls can be tall too"*.

For the male participants, breadth along with height seemed to ease how participants felt about their tall stature. All talked about being slim when younger and whilst two participants have worked on their body definition, two remained a slim body size. Participant five talked about preferring to be referred to as 'big' rather than 'tall' and how he felt he got more positive attention (by people of the opposite sex) and also when getting

to the bar (let through), now that he had breadth as well as height. It could be suggested that a tall and slim body shape accentuates the height:

*You know sometimes people have no real perception of how tall I am, whereas when I was slimmer they would get closer to my real height.*

*People now think I'm about 6ft 2in (participant five).*

Participant five, who was 6ft 5in/1.96m and had taller friends felt “*so although I'm technically obviously tall, I don't see myself as hugely tall*”. He felt his height was not a hindrance, which may have been due to his positive self-image of tall and broad. This image meets the socially desirable male body image in Western Society (Tiggemann 2014).

Participant six suggested that slimness and tallness limited the symbolic association to power; “*so people probably thought, that, they probably matched up, they kinda evened out, the tallness and being dead skinny*”.

## **4.7 Summary**

Findings from Phase I of the study uncovered that tall height influenced choice of occupation for participants, to enable them to play to the strengths of their height. By choosing occupations for which tallness was seen to be an advantage, it was reflected that this action could be seen to reinforce societal stereotypical expectations of tall people. The benefits however, of choosing such occupations were that participants experienced opportunities for positive occupational engagement and subsequent feelings of acceptance within themselves and from others.

All participants experienced challenges of engaging in everyday life in a world that was built for an average height person. Compromised postures were adopted to fit into the environment at the potential detriment of physical well-being. For the tallest participant in this phase of the study, he believed that his height was an unseen disability, due to the restrictions of the physical built environment. Navigating the physical and social environments required compromise and adaptation and were at times more costly to try to find the best fit for items required in daily life.

All participants stood out within their social environments and were known for their height, which influenced their personal identity. There were varying responses from participants relating to this with an acknowledgment that identification would include their height, but a

frustration and annoyance that they were labelled by a part of themselves they could not change. Participants accepted their stature, particularly more so when they reached adulthood. However, some participants would have preferred to have been slightly shorter, which suggested there may be a cut-off point of tallness in relation to ease of management.

The findings of Phase I of the study, have been considered within a 'bridging findings' chapter, alongside Phase II study findings. The findings of both aspects of the study have contributed to the discussion chapter, in conjunction with the wider perspective on occupational choice and engagement, identity, body image, and adapting to fit into a world that does not easily cater for tall diversity of height.

## Chapter 5: Findings for Phase II of the Study

### 5.1 Introduction

The findings for the second phase of the study are provided in figure 2. Appendix 16 (page 293) provides detail of how the themes from the female and male data were merged to establish the themes in Figure 2. The super-ordinate and sub-ordinate themes will be discussed in turn. Most of the themes for the second phase of the study are collective themes; one is an idiosyncratic theme. Two of the super-ordinate theme headings “Comfortable in my Own Body” and “The World is not made for Taller People” are taken directly from the words of the participants and are therefore placed in quotation marks.

**Figure 2: Phase II themes**



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\*Idiosyncratic sub-ordinate theme

### 5.2 Super-ordinate Theme: “Comfortable in my own body”

The first major theme of the second phase of the study focuses on how participants felt about themselves, particularly in relation to their tall stature. The two tallest participants (both male, 6ft 9in/2.06m) perceived their tallness to be abnormal, with participant five going as far as to suggest being the size of a giant: *“I am always gonna be 6ft 9”. I am never going to be able to fit in physically with a group of people unless I surround myself with giants constantly*”. Both participants made reference to wishing for a normal height.



Participant six suggested that being around family and friends helped to normalise his tall stature height; a mechanism for managing when others in society sometimes made the tallest participants feel “*an oddity*” (participant six) or similar to a freak from a circus (participant five).

All four male participants perceived their tallness to be unattractive to the opposite sex, one blaming height for failed relationships when younger (participant two, 6ft 7in/2.01m), and another for struggling to find a partner in adult life (participant four, 6ft 7in/2.01m). Whilst participant four acknowledged that tall male height could be attractive to those of the opposite sex, he had experienced situations which suggested women did not necessarily want someone who was extremely tall, just someone who was taller than them. “*What I have generally found and my standing theory remains is what women want is somebody taller than them, they don’t necessarily want someone who is just tall, full stop.*” He shared that he felt perhaps a little too tall and was likely to be rejected because of this. He had been in only a few relationships in the last ten years. “*You know if a woman is 5ft 2” and she meets someone who is 5ft 6”, they’re tall (laughs), by comparison. Then I turn up and they go ‘yeah, that’s a bit much. Take it back, take it back’*”. Participant five agreed with participant four, perceiving his tallness to be unattractive and inconvenient, but had been given feedback that his 6ft 9in/2.06m frame was attractive to women:

*but I see myself as a kinda 6ft 9in person being really inconvenient, way too tall and not particularly attractive to a girl so that’s why I say weirdly some girls seem to find it quite attractive because I don’t really understand why. Erm I’ve asked girls about it and I’ve asked girls I’ve dated in the past about it and since become friends with and they have said that they find the fact that I am this tall really attractive.*

Reflecting on his perceptions, participant five highlighted that his lack of self-confidence could be a reason for doubting the attractiveness of his tall body “*I see my height as personally, a bit unattractive but erm as again this is kind of a self-confidence thing*”. This statement suggests that body image and self-confidence are linked for those who have diversity of stature. Participant three perceived her height to impact on her confidence:

*incredibly self-conscious, you know going out on dates, and confidence to talk to people, you know that everyday casual reminder ‘oh no you’re too*

*tall for me' or you know 'I like you but it's never going to happen just because you're tall.*

She talked of feeling self-conscious when dating because of her tallness. Engaging in other social occupations evoked similar feelings for participant three and others in the study.

Dancing, for example was an occupation that had an impact on participants' feelings about their body image:

*the thing that makes me most self-conscious is that because of the difference between my joints, I look less flexible or less fluid if I am trying to dance, so if somebody moves their arms, for most people it is all quite compact and so looks more elegant, whereas if I do it, vroom vroom*  
(participant four).

Participant four was aware of his body structure when dancing and he felt self-conscious because his body impacted upon his occupational performance. He expressed that his body was not naturally built for dancing and this made the occupation awkward to carry out. In addition, he stood out on the dance floor and so people could easily see him, which would increase feelings of self-consciousness. Participant three seemed to agree with the concept of awkwardness, when referring to the salsa classes she had recently attended with her current partner. She talked about herself as being '*long and gangly*' and that because she was tall, she could not dance.

Participant six felt that his height was a liability when he was around others in crowded places. He experienced incidents whereby people bumped into him and fell over. He felt responsible for these accidents due to his size and being in the way, when in fact it was not his fault. This caused him to avoid being in crowded environments whenever possible. He also referred to feeling clumsy as he was growing up:

*teenage years I was an absolute klutz, My feet were too big, my legs were too long, my arms were too long and I spent a year and a half in various wrist casts, ankles casts,....., you are not able to control yourself in a way that you can as an adult and even now I still bang my toes on coffee tables and such all the time.*

Having a taller stature with longer limbs can influence body perception and scheme when interacting in a mismatched built environment that does not accommodate longer and taller proportions. This can result in the taller person feeling clumsy as they struggle to navigate an environment that is not compatible with their body structure. When thinking about their bodies, some participants felt that they lacked co-ordination, or that their limbs were too long. This caused them to be accident prone or less able to perform as well in some occupations, and one participant felt his stature caused others to have accidents. The subsequent behaviour adopted by participants was avoidance of certain occupations and busy environments.

### **5.2.1 Sub-ordinate Theme: Growing Acceptance**

The participants in Phase II of the study varied in development of their height. Some had experienced a steady growth in their younger years, however, others had a growth spurt in secondary school, and even later at university. In terms of accepting their stature, which was permanent and could only be reduced slightly with poor posture such as slouching, a readiness to accept their tallness had increased with age. Participant three was never comfortable with her height as a child:

*I wouldn't say I was ever comfortable or entirely happy during secondary school or primary school and I always wished to be a lot shorter in secondary school. It was just the bullying and I found it hard to make friends, you know and I was always convinced it was because of my height. I don't think it was anything else.*

She felt different and became so concerned about fitting into her social and physical environments as a young person and in the future, that she underwent hormone therapy:

*When I was in primary school my parents actually took me to an endocrinologist and I actually went on height reduction treatment when I was about 9 because when they were looking at the growth chart graphs it was looking like I might be growing towards 6ft 6in/ 6ft 7in because I was that much above the top line of the graph and going at such a steep rate of growing erm that they actually put me on a form of the Pill to try and speed up my puberty and reduce my height a little, a little bit which I*

*think knocked a couple of inches off at the end but it's hard to say but I think it reduced my height by 2 or 3 inches.*

She explained the decision to use hormone therapy, which stemmed from her worries about her height and rapid growth and how it made her feel amongst her peers, with the resultant behaviour of starting to slouch to fit in. This participant also remembered being concerned about how she would fit into her physical environment if she grew to be so tall. Participant three was the only participant in both phases of the study to receive the treatment. She was one of the tallest women in the study at 6ft 3in/1.91m and because her predicted final adult height was around two or three inches higher, she came to the decision that medical intervention was required.

The other female participant in Phase II talked of how she struggled as a teenager, but was more accepting of her height now at age 21 years:

*I've kind of got used to it now [tall stature, 6ft 3in/1.91m], so I don't really think about it....I think you become more confident as you get older anyway, so a bit more sure of yourself, because obviously when you are a young teenager it is an awkward time for everything ...so when you get older, you tend to accept it more (participant one).*

Male participant five also expressed that over time he had become more accepting of his height. Although he acknowledged that he still had self-confidence issues, he was becoming more confident in his own body, and less bothered about the way he was. He was not concerned about what others thought of his height as the following quote supports:

*I think my self-confidence has grown a lot as I have got older and just my confidence in general, erm it's kinda a known thing that as you get older you start caring, year on year, you start caring less and less what people think of you and erm although I am only 25 and quite young I do still have those self-confidence issues, I can feel myself become both more and more **comfortable in my own body** and less and less bothered about the way I am. I am not bothered at all about whether people love or don't like my height, I don't specifically want them to. Erm I'm not fussed about*

*walking down the street and what people will think about me in that regard and erm I can imagine that is only going to get stronger with age.*

As participants developed a more positive body image with age, this enhanced their self-confidence and self-esteem. However, whilst the participants had accepted their height as they moved into adulthood, for the majority there was a wish to be slightly smaller:

*I kinda, a lot of the time would wish for not a kinda normal height but 6ft 4in still tall, I mean, I like as I say, I like the benefits of being tall, I don't like being quite this [emphasized] tall, erm so I would like to be shorter but as I said before I realise that's never [emphasized] going to happen (participant five, male, 6ft 9in/2.06m).*

He recognised that his height was not in the normal parameters:

*erm it's always a difficult one. I've [pause] come to kinda accept it a lot more than I used to. Erm, it's not something that's going to go away. Erm it something, you know that I am never going to shrink to a normal height so I might as well not exactly learn to love it but just learn to accept it.*

Participant four at 6ft 7in/2.01m considered that he was 3 inches taller than convenient, and although he did not generally think about his height, when he did it was because it was a nuisance. There seemed to be an emerging threshold of tallness in terms of what was most manageable. For the men in Phase II of the study it seemed to be at 6ft 4in/1.93m/6ft 5in/1.96m, so still tall but not extremely tall. Similarly, for the women in Phase II, they would be happy to be tall but not so tall; 5ft 10in/1.78m would be the ideal height for participant one and 6ft 1in/1.85m for participant two. Both female participants were 6ft 3in/1.91m in height.

With age came acceptance but also autonomy to make choices to assist with acceptance of height. Strategies used to encourage a positive affective body image included choosing certain clothes and shoes, which participants had more control over as they became adults. The style of clothes worn can impact on and be influenced by one's body image. Participant two talked of when he started to dress 'tall' as an adult: *"So it was only when I started to sort of dress tall [emphasized 'tall'] that I felt comfortable in the clothes that I was in".* As a

child his tall mother had bought him clothes that he felt were trying to hide his tall physique, and he believed this to be a protective strategy adopted by his parent to try to ensure he was not targeted for his tallness. He explained his realisation of dressing to his physique:

*you sort of understand that you've got a physique that matches a certain style so to try to avoid it, you can do yourself a dis-service really. You should try to go for that sort of tailored fit, otherwise you look like a big man trying to hide away.*

Participant four however, was keen to express that his breadth helped with acceptance of his height. He felt that it provided a more balanced visual perspective, and compared his broader physique to that of a famous footballer, who was as tall as participant four but a slimmer build:

*Because if you look at Peter Crouch and I, we are the same height. So when he, I'm a Liverpool fan, so when he played for Liverpool everybody called me 'Crouchie' for about two or three years, erm but he looks awkward. If you look at Peter Crouch, that's, he's got the frame that I think I've got and I look at him and me and like if you put us next to each other you would go, 'Oh no I am slightly broader'. He is much more gangly than I am.*

The negative term gangly was used to describe another tall person's physique, as well as his own to a lesser extent. He seemed to imply that tall and slim was less of a positive body image than tall and broad.

From the female perspective, whilst the women in Phase II had accepted their tallness with age, they were adopting a strategy as adults of avoiding footwear with heels, to ensure their height was not increased further:

*Erm I limit myself generally to an inch heel, I don't generally go any higher, I had an inch and three quarter once and didn't wear them, so I just felt that overwhelming more self-conscious with that extra three quarters of an inch which seems a bit silly, but that made all the difference, so I don't wear them (participant three).*

### 5.2.2 Sub-ordinate Theme: Tallness is part of my Identity

In Phase II of the study, it was apparent that conversations relating to body image also encapsulated dialogue about self, which participants discussed as identity. The study participants viewed their tall stature as part of their physical self and discussed it in relation to their self-identity. Participants were keen to emphasise other aspects of their identity, but felt these were often overshadowed in the translation from identity to identification. They were known by others for their height – identified by their height, which seemed to over-emphasise this facet of their personal, self-identity. However, in certain situations, some participants acknowledged that the height aspect of their personal identity was an obvious way to describe themselves for identification by others. For example, when on the telephone, and explaining about himself as a way to be identified, participant two would call himself the very tall guy “*I would say that I strongly identify with my height in those sort of situations*”. He went on to say that he was comfortable with his height and embraced it as part of himself:

*So I think it is quite integral to who I am....I would put it below sorts of things like my sense of humour, and my understanding of other personality traits, but certainly as a physical trait, if someone was to say ‘write down your physical traits’ height would be the first one.*

Here he acknowledged that height was a fundamental part of his identity in the aspect of his look, his physical trait and it was something that people would immediately connect with him in terms of identifying him. However, it was only part of his identity and he would not class it above personality. It is interesting to note that participant two was the oldest male participant in the study and seemed to have embraced height as part of his personal identity more readily than younger male participants in the study, for example participant six (aged 25 years) stated:

*as much as I hate, I have been asked that question before [tallness and identity], as much as I hate to admit that it is, it does define you eventually. It defines you because I think you have to, the same as everybody does, you have to grow up with who you are..... if you grow up rich, poor, black, white whatever it does affect you because of the experiences you go through and therefore being tall will put you in*

*certain experiences that other people don't have to go through, erm so it does become part of your identity in the sense of formation of yourself, however, I don't see myself as 'that tall person', which is how a lot of people remember me.... erm you know I am someone who makes far too many jokes and they are not always very funny.*

Participant four who worked in the comedy industry also talked of others' making an association of height to him, thus over-emphasizing this aspect of his identity:

*it's, the first thing people notice and [laughs] you're aware it's the first thing that they notice as well so even though like my life is about being funny basically and I've got a fairly strong personality which you would think would take, anybody else it would be the thing that people notice, but I am defined in the eyes of a lot of people by a physical thing I can't control.*

From a cognitive body image perspective, some participants seemed to forget their tallness until reminded by others or through activities such as having a photograph taken and seeing the evidence for themselves. Participant four explained:

*I didn't really think about it because I don't think of myself as tall, everybody else does [laughs] it's always usually the first thing that people will comment on, err but I forget until something reminds me, erm so, be it hitting my head on a thing, which happens, regularly, er or erm or someone asking or something else, but if I am generally with a group of people who are all shorter than me, that's just how I see the world so I don't really think about the fact that is unusual.*

Participant five tried to play down the height aspect of his identity, by ignoring it and focusing on whatever else he was doing with his friends. He immersed himself in his activities.

*Whenever I see myself, see a photo of myself with my friends and I am up here and the rest of my friends are down here, erm I always, I try to just ignore the fact that I'm that tall and focus on whatever else I am doing with them and half the time when I am out with friends I tend to stop*



*noticing that I am this tall anyway, erm you know unless the evening is going really really boring and I have to find something to think about, generally I kinda like to forget I am this height.*

Participants consciously tried to reduce the emphasis on their tallness in an effort to enable other elements of identity to shine through. However, female participant three talked about how height has influenced her identity:

*I do think I am quite a loud person. I think I've developed that along with my height. I feel like it's a part of that, I feel like I kinda stick out at times, so I try to appear confident with that, as a result I've had to get a bit of a voice.*

This is interesting as she seemed to be meeting the stereotypical view of tall women: authoritative, strong (Chu and Geary 2005). She talked about height being part of who she was (hence part of her identity):

*So, now I'm at a point where I'm quite happy being tall. I feel like I wouldn't be the person I am now if I hadn't been tall. Erm and these days I wouldn't change it and these days I am very happy. I wouldn't change it. I think it's made me a part of who I am and I have had to very much embrace it as a part of me, but since I got to a point of accepting that I am doing that. Also these days I am very happy you know, happy being tall, I am happy with who I am and I wouldn't change it now but probably if you even asked me a few years ago I would probably be wanting to change it.*

This quote implies that she was reflecting through dialogue, and happiness moved from a level of quite happy to very happy, which was linked with embracing her height and accepting that it was part of her, part of her identity.

Extract from reflective diary:

*When participant three was talking about how happy she was, it seemed that she was reflecting on this as she spoke. She seemed to allow herself to focus on her happiness as her dialogue continued and ultimately decided that she was very happy. This seemed to provide a good example of a participant completing the first part of the hermeneutic cycle, interpreting her story.*

### 5.3 Super-ordinate Theme: Standing Out

This major interpretive theme provides an account of the experiences of the participants in relation to managing the concept of standing out amongst others in society, due to tall stature. There are three sub-ordinate themes 'Reaction of Others', 'Playing to Strengths' and 'Restrictions on Occupations'.

#### 5.3.1 Sub-ordinate Theme: Reaction of Others

As participants in Phase II of the study physically stood out they had to cope with daily reactions from others. This impacted on self-esteem, and evoked certain feelings, including frustration, anger, irritation and exhaustion. Resignation that this scenario was a consequence of their height was also expressed and to be expected, due to their atypical tall stature. Participant five was an optimist and he tried to take a positive stance. He managed comments by consciously making a decision to not get annoyed:

*It's been relentless [sort of a gasp laugh] erm I don't get angry about it. Sometimes I get asked if I get annoyed by people asking about my height all the time which is just a natural reaction, but the way I think of it is that if I did get annoyed every time someone asked me about it I would spend my entire life permanently annoyed.*

Receiving comments about their height, was part of daily life for the participants. At times they received unpleasant comments which could be viewed as discriminatory. Height discrimination, also known as heightism, is prejudice or discrimination against individuals based on height (Farlex n.d.). Unpleasant comments and behaviour made in public about tallness could be discriminatory although when participant four had talked to people about this, he had not received a favourable response. This could suggest that either height discrimination against tall people was an unknown phenomenon or that it did not match the level of other forms of discrimination:

*Erm I've [laughs] I've compared people making comments about my height to racism [laughs], because it's a physical characteristic you've got no control over and it's not, it shouldn't be acceptable to define people by that one thing, erm but [laughs] every once in a while I say that and*

*people who are of colour will go 'hm I'm not sure you wanna make that point' and I go 'but ermmm I'm on your side'.*

All the male participants had received unpleasant comments about their height. Some viewed it as ways for others to manage diversity:

*you get that sort of stuff but it's nothing that people who have other physical differences would have to put up with in a much more harsh and unpleasant way. I don't think I suffer unduly because of it (participant two).*

Participant five received comments about his height about 15 times per day, working in law enforcement, and found it irritating to have to manage comments, even when people were trying to not comment but curiosity has got the better of them:

*..there are certain things that people will do which will seem like they are taking the piss but erm.. so in that sort of situation I will kinda quite openly be irritated by someone, erm and try to ignore them and pretend they don't exist erm but normally it's that kinda irritating grey area where people, you can tell obviously mean well by wanting to talk to you about it, which is what often happens on the job, people commenting on it, height, you can tell they don't mean to irritate but they are [laughs in sad way] but you can't really tell them.*

He would politely respond when people asked out of curiosity and ignore others who were being unpleasant.

All participants expressed how it surprised them that strangers perceived it to be acceptable to ask about a personal part of someone else's physique.

*it's all the time you know, no matter where, you know, you are stood or going, people still think it's appropriate to challenge you and ask you about your height [surprised tone] and I never really know what people want me to say. You know if it was something else they wouldn't erm they wouldn't do that I don't see it happening particularly with people who are short (participant three).*

Male participants provided accounts of when they have been approached by strangers in stores who start a conversation with them about their height, with little consideration of whether this would be something that the tall person would want to do:

*And I was kinda like 'I don't know who you are, I am just trying to shop and I just want to get in and go out' erm and you end up stuck in these conversations for five minutes thinking 'I really didn't want to be doing that' and it is a little bit frustrating and erm I'm quite used to it so it doesn't bother me ['bother' said slowly] to say I never go home feeling rubbish about it (participant six).*

This quote resonates with all participants who had to manage comments about their height from people they met. They accepted it and responded in different ways depending on how the conversation was pitched. Humour had been used by participant four: *"The ones that are always, you walk past somebody and they think you can't hear them for some reason and they will just go 'bloody 'ell' [laughs]. You go 'tall not deaf, but thanks for playing'"*.

There was acknowledgment that some comments were quite hurtful and could impact on emotional well-being.

*I think it depends on whichever situation you are in as well you know if you are someone who goes to erm local pubs and stuff and the amount of times I have been called a freak or a monster or something by guys who think they are being hilarious and you kinda laugh it off and go 'you're just an idiot that's had one or two too many' erm when actually if it wasn't someone who was, I am not embarrassed I don't care but if it was someone who was...that could really affect them (participant six).*

This resonates with Peter Crouch's story whereby he was called unpleasant names of a similar nature by football crowds when he was on the football pitch (*A Royal Team Talk, Tackling Mental Health*, 2019) Participant six, similar to Peter Crouch, managed negative comments by adopting a 'not caring' attitude, but suggested it could be upsetting for some.

Unpleasant reactions of smaller men sometimes led to the potential for threat of physical violence to the taller male participants. However, the participants were vigilant of this

potential threat, taking strategies to close situations that arose, an example being provided by participant five:

*It's also helps that when I am out and about and it probably feeds into my job as well, that I am really peaceful. Like I will never ever ever start a fight with anyone erm so my demeanor tends to calm people down a lot, I never give anyone the indication that I want to fight them. Erm maybe some people occasionally will try to start fights with me but they won't get very far because I'm not really someone who in any way wants to fight. Erm I find it gets shut down fairly quickly.*

A strategy adopted by most participants, to try to reduce the reactions from others, was slouching to try to fit in with the people around them, which had physical repercussions, as participant three explained “*that has all its problems and I still slouch more than I should do.....erm you know I try to be careful, but I still do*”. Trying to fit into a social environment of smaller people caused pain to her hips if she adopted a poor posture:

*erm I would lean on things a lot more generally so if you are at the bar, lean on the bar, erm you know I sometimes drop a hip, just to make things a little bit, that little bit lower down, which in turn gets pain in my hips and it's because I do that all the time.*

For one participant, a strategy of avoiding social activities was used:

*I don't tend to like going out anyway, so I'm not the biggest fan of it so I don't really do it as much. But I think erm I have very good friends, erm like who always stick up for me and kinda make sure I feel alright, so I think the self-confidence has gone up a little bit (participant one).*

The defending reactions of friends helped several participants, including participant one, to feel supported when engaging in standing occupations, as participants gained unwanted attention and comments from others.

### **5.3.2 Sub-ordinate Theme: Playing to Strengths**

Playing to strengths was interpreted to be a strategy adopted by participants to gain acceptance by others and to counteract the reactions received due to standing out in

society. Participants used their height within occupations to show how tallness had a use or purpose. For example, one participant played to the strengths of his height in the comedy industry when he discovered that he could hold the attention of the room with his stature. People were looking at him anyway and he was able to control the narrative due to his role, and gain authority through his height, which he called 'imposing'. The uniqueness of his height had also contributed to his work role:

*would I be as funny if I wasn't, if I hadn't always been tall, cos it's another, it's another thing that takes you slightly outside of the group as well, so I think, I sort of think for me at least they sort of go hand in hand*  
(participant four).

It could be argued that other tall comedians have found their height to be an advantage to their occupation, for example Miranda Hart often refers to her tall height (6ft 1in/1.85m) during her comedy sketches (Miranda 2009) and within her books (Hart 2012, 2016). Stephen James Merchant (6ft 7in/2.01m) (2011) also refer to his tallness within his comedy repertoire.

Five of the six participants in Phase II of the study, chose to engage in leisure team sports where height was seen to be an advantage. In relation to basketball for example: *"Well (pause) it is one of those isn't it where everyone says "oh you should be good at it" "oh you are tall, you should be able to just put it in"* (participant two). This is an example of a stereotypical expectation associated with an occupation and tallness. Stereotypical expectations are considered further in a separate sub-ordinate theme on page 129. Participant two embraced the stereotype thinking, engaged in the occupation of basketball and found that playing to strengths enhanced his physical health as well as his social well-being. He chose basketball because of his height and played it for many years. This in turn helped him to keep fit: *"I think the reason why I am forty and still active and still doing my stuff is because I found a particular sport that I was good at and my height enabled me to do"*. Other participants had retired from their chosen team sports due to knee and back injuries but had enjoyed the social gain of participating in an occupation for which their stature was seen to be an advantage. Being part of the netball team was a special time for participant one, as the team engaged in additional activities that others at school were not

doing “so we could get close with that”. This resulted in the team becoming closer, strengthening social identity and belonging.

Having a very tall stature provided a uniqueness which participants could use to their advantage. Participant six explained:

*I think it affords you the opportunity to be very memorable, which especially if you are in certain walks of life, it can be a huge benefit you know. I trained to be an actor and I still occasionally look into going into roles and people have always commented that you know production teams will go ‘you are always going to be noticed because you are so unique’.*

It gave him a huge potential for noticeability, “and that allows me to sort of, it gives me that noticeability erm which can be a huge benefit in certain walks of life”. This was an example of when standing out from others could be considered a positive experience.

### **5.3.3 Sub-ordinate Theme: Restrictions with Occupations and Activities**

Standing out did pose challenges in terms of engaging in certain occupations. Participant five shared an example of a work-related occupation that was not open to him because the nature of the work required the worker to blend in physically with adults in society. He did not seem to be unduly concerned and understood the need for the exclusion from this occupation. He was unique due to his unusual height and therefore easily recognisable.

Participant six also at 6ft 9in/2.06m experienced restrictions particularly with social activities that involved standing. He suggested that his tallness excluded him from conversations that would be taking place at a lower point, where others can be face to face:

*Erm there are times when it actually can be quite lonely especially if you are in a group where a conversation is taking place and everyone is face to face and you are actually withdrawn from that situation, so erm that is when I think I will stoop in and go ‘what’s going on guys’ you know.*

Other participants restricted or avoided activities that required prolonged standing, such as attending concerts, festivals or going to clubs.

*Concerts are one of the things I am kinda weary of. I don't really want to stand. I don't really like being the centre of attention anyway, so I don't want to stand in the middle anyway (participant one).*

Participant three talked about avoiding dancing because she stood out from others. Her account of previously engaging in the activity was negative and demonstrated that it was not meaningful; so would not be classed as an occupation as outlined by Fisher (2013). Participant three shared the following narrative:

*I don't dance and that's something that I avoid, thinking about it. I don't dance. I did, my other half tried to make me do salsa classes for a little bit when we first went out, and I did it two or three times and then I didn't dare go back. .... You know I just felt that everyone was staring at me because I am tall everyone's looking anyway and going to go 'look at that tall person'.*

Unfortunately, she almost had a panic attack due to feeling so ill at ease, which resulted in her choosing to not continue with this activity. Reactions to tallness by others were seen to impact on her subsequent choice and engagement.

Participant two also placed restrictions on the activity of dancing. He talked about dancing being a performance and seemed to compare this to his role in education, which had a performance element to it. He implied that in xxx he was expected to stand out and was a role of some authority, which he liked. When interpreting his account on how he managed expectations with different occupations it was apparent that participant two felt confident with his teaching, therefore height was not seen as a negative in this occupation. The only time he felt comfortable with dancing was on his wedding day. It was expected that he would dance, his role of bridegroom empowered and gave him authority and the structured rehearsed dancing increased his self-confidence and ability with the tasks that made up the occupation.

Participant four similarly felt uneasy on the dance floor and would engage in the activity initially on a minimal level, almost grading his input:

*I would start minimally and grow but erm it's all those little things that you sort of go 'oh okay this is a different, this is a different experience to*



*what most people are going to be having, because they're part of a crowd whereas I am over the crowd'.*

He felt his experience of the activity to be different to others due to standing out on the dance floor. He suggested that dancing was a collective activity, due to people being in a space together and engaging either together or in parallel. However, the extremely tall dancer would be unable to feel the same sense of the group experience due to being taller than all the others.

#### **5.4 Super-ordinate Theme: Stereotypical Expectations**

In this theme the participants considered whether they conformed to the stereotypical expectations associated with tall stature, and use them to their advantage or stood against them.

Some stereotypical expectations concerning tall stature linked to choice of occupation.

When considering what career to go into, participant three was encouraged by many to go into modelling because she was so tall: *"a lot of people tried to encourage me to go into things, erm so a lot of people said 'oh you should be a model because you are tall'".* She did not pursue this due to lack of self-confidence.

Participant two shared perceptions of others about tall stature from his experience. He said that he had received a lot of comments when he was growing up from the older population who linked his tallness to a specific occupation; the police. *"Are ya gonna be a bobby?"* is the phrase he often heard and said *"they always associated height with a particular occupation."* Considering participant two's comments, it is interesting to note that participant five worked in law enforcement. His height had been associated with authority and control, which he embraced and liked. *"They [society] often expect you to be the person to take charge"*. He explained that his height stopped people wanting to fight, as people avoided arguing with him. Hence people were influenced by his height as well as his profession as they saw him as bigger and stronger:

*Strength, authority, erm your ability to kinda impose yourself over everyone else. Erm they see me, they see this guy 6ft 9in, I know I am not stocky, I know I'm not like a beanpole either, they see a kinda normally proportioned 6ft 9in person, they think he is going to be stronger than*

*me, he's gonna be louder than me, he is going to be generally more authoritative than me in every single way.*

Female participant three was also seen as a figure of authority:

*I think it has helped me in my profession, particularly in my training years. Because generally if I had an opinion, even as a junior, people take more of a listen to it and I actually get more of a stance and the seniors would always treat me as a bit of a higher level or more accepted than people at the same level as me regardless of my knowledge. I wasn't, I really wasn't the cleverest of them all and colleagues were definitely cleverer than me at the same level but I would say something and it would be listened to more than one of my colleagues who was perhaps a little bit, you know a little bit shorter, a little bit quieter.*

She gained more respect from senior colleagues because of her height, which supports the stereotypical view of a tall woman being authoritative (Chu and Geary 2005).

Participant three also explained how she has developed into that stereotype:

*as a result I've had to get a bit of a voice, you know to go along with that tall, I don't know I think it's 'tall, strong, independent woman' and I guess I kinda get that persona sometimes I feel along with the height so getting into has definitely helped, I am sure it has helped with interviews, automatically feeling more confident by being taller and sitting up straight, erm so I definitely do think it has helped me make some things easier in getting to where I am sometimes".*

So she had embraced the stereotype and used it to her advantage. This was also a similar experience for participant five, who felt that his height and his subsequent role in law enforcement had impacted upon his personality: *"I suppose if I wasn't this tall people wouldn't expect me to put myself out there as a xxxxx that much so I suppose being this tall has probably caused, affected my personality as well"*.

Not all stereotypical expectations were seen to be positive, for example a link between tallness and anger was expressed by one participant *"And with tall people then is that kind of stereotype that we are all angry and want to fight basically"*. This participant was from

an ethnic minority background and research suggests that tall black people are perceived by others to be aggressive, particularly males (Hester and Gray 2018), as opposed to tall white people who are perceived to be authoritative (Blaker et al 2013).

Participant one explained an additional stereotypical view that tall women were stand-off ish, which seemed to be a mis-perception of tall women trying to not appear over-bearing:

*I think like I was just saying with stereotyping, especially with tall women, that we are a bit stand off-ish, which is why I sometimes come across as a bit shy and I have learnt to just hold back a little bit to just like let people kinda discover me, if that makes sense. So I don't look too 'in your face'.*

This quote resonates with previous research about how tall women are perceived by others, to be less nurturing than shorter women (Boyson, Pryor and Butler (1999), Chu and Geary 2005).

Participant six talked about increased expectations due to tallness. This had occurred in school, when teachers thought he was older than he was, and in sport that he had participated in. For example, in Judo, he was expected to fight older, more experienced opponents.

*So when doing things like fighting I was taller, I was heavier, I ended up fighting people who were older than me, who were more experienced in the thing and so it does have an effect in that way in that you're forced to develop a lot faster both mentally and emotionally erm because I think there is a bit more expectation on you.*

He had found not only in sport but also in life there was an impact on expectation because of his height:

*It's funny in sport and life and everything so erm it did have an effect it definitely, you were aware of it happening because it's sort of forced upon you, erm but erm I've never had much of a problem with it, erm which is quite nice.*

Participant six used the word 'forced' which indicates pressure from others to step up to the expectation directed towards him. He had embraced this, as it

seemed to be a positive experience. At times however, some participants tried to resist stereotypical expectations. Participant three avoided playing netball because she was encouraged to take it up due of her height. She conceded that if left alone she would probably have tried the sport:

*you should do this because you are tall' and as a result I ended up avoiding it altogether and a stand 'I don't want to do that' and actually probably if left to my own devices I might have naturally gone to it but I almost shied away from the things where there was an advantage of big people, I don't know I didn't like to peoples' expectations of what I would do, you know people saying 'Oh do you play basketball or netball?' Erm 'no, no I don't.*

She rejected the stereotype expectation, acting the opposite way to most other study participants in this regard. The expectation of choosing certain occupations could provide a sense of disempowerment and reduction of autonomy.

#### **5.4.1 Sub-ordinate Theme: Gender Expectations**

There are certain expectations that are stereotypically associated with the taller person, male and female which can cause some challenges in relation to gender expectations in heterosexual intimate relationships. Typically, in western society the male is expected to be taller than the female, which is supported by recent research by Stulp et al (2013).

Participant three chose to do a lot of drama at school and she was always cast as a boy because of her tall height. The school could not seem to accommodate a tall girl in any cast of a production, which gave the message that girls should be shorter. *"I was always cast as a boy because of my height. Every single time"*. She realised why this was happening and felt it was unfair.

A couple of male participants discussed the stereotypical gender expectations in relation to heights for men and women. Male participant two considered how tall women could seem to be intimidating to shorter men, which seemed to resonate with a work-related example given by participant three:

*it's always been the time when I have been with a particularly short  
xxxxxxx particularly as a trainee, that I've had the most difficulties with*

*male short xxxxxxxx, erm where I have felt they have always treated me a lot more harder and more difficult than everyone else and again not because of my knowledge or where I was with things. I think it was definitely a height related issue, erm but luckily that has been more, few and far between but that has been more luck rather than who I've been placed with.*

Boys at school bullied participant three, due to her height. She was taller than them and would possibly have made them feel insecure in their bodies/self-image, just because she was tall and therefore not meeting the gender expectations of a shorter female. She found that shorter male teenagers and young men who were attracted to her would not date her. Participant three acknowledged the gender expectation in the heterosexual relationship, and whilst it would be more comfortable for her, she would have stood against this:

*if I admit it I do like having someone who is slightly taller than me you know as a partner but I think I'd got to a point where like 'I don't care about height' if I like someone it shouldn't matter or make a difference and unfortunately I couldn't find men who felt the same way and I think it's just that general perceived thing that men should be the taller one in the relationship and even anyone in any height relationship nine times out of ten, even with people of average height, the guy is taller, so I think it is just something that is built in.*

Gender expectations, and reactions because she did not meet them, had decreased her confidence to talk to people and she became very self-conscious.

#### **5.4.2 Sub-ordinate Theme: Sexual Assault due to Height**

This is an idiosyncratic theme uncovered in discussion with participant six. Participant six recounted how he was touched in an intimate part of his body by strangers who were 'checking out' if the stereotypical perspective was correct about size of genitalia and the tall male.

*I tell you the one thing that has bothered me in the past with being taller and people coming up to you is, and not to put an exaggerated point on it, I have been probably sexually assaulted, when people come up to you*

*and I have been grabbed in areas you know that is not nice, just because people go 'oh' and they say 'oh I've heard rumours' and you kinda go 'I don't actually know who you are, that's not okay' and that has happened on quite a few occasions..... Yeah, women are worse than men.*

He explained the experience as being viewed as an oddity

*...people are seeing you as an attraction rather than a human... if you know, as an oddity....kinda like PT Barnum sort of thing and again lots of people, people who are not as confident would see that as a very damaging experience.*

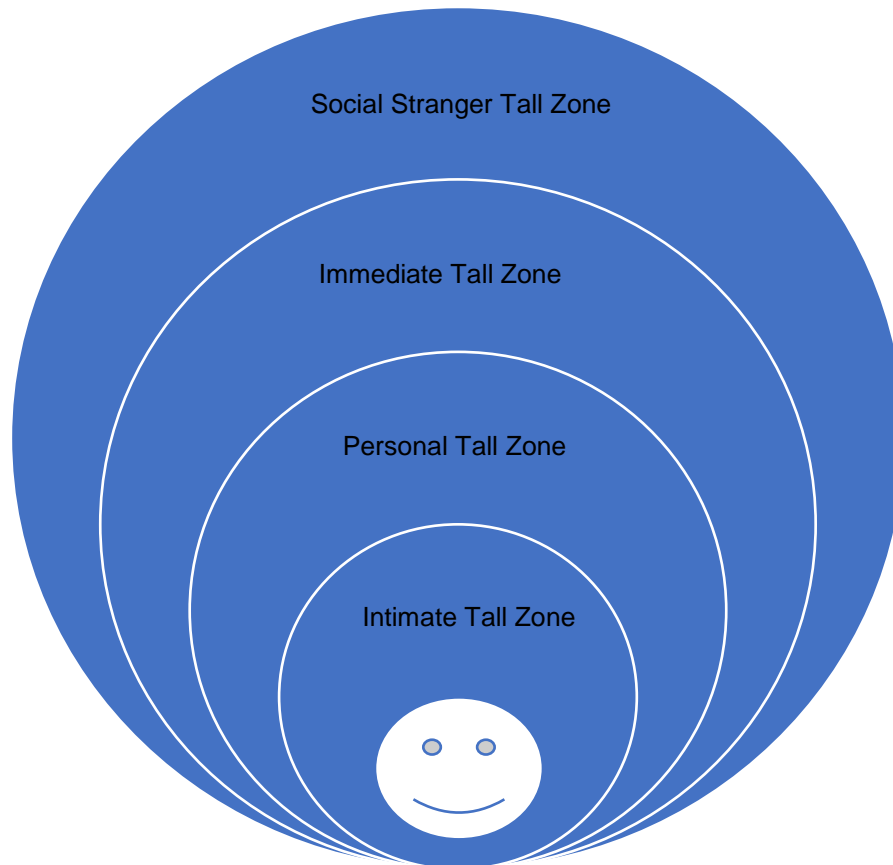
He felt that people were not seeing him as a person with feelings. He connected the experience and how it made him feel like a freak, part of a circus show, hence the connection with PT Barnham. This resonates with Peter Crouch's account of public crowd reactions he received when going onto the football pitch as a 6ft 7in/2.01m professional footballer (*A Royal Team Talk, Tackling Mental Health* 2019). Peter Crouch would get taunts which suggested he was a freak and belonged in a circus. This would impact on how he felt about himself and cause mental distress (*A Royal Team Talk, Tackling Mental Health* 2019).

## **5.5 Super-ordinate Theme: Tall Zone**

The Tall Zone is a concept that has been interpreted by the researcher from the narrative of all the participants, and it refers to a collection of tall people that were in the lives of the participants. Analysis uncovered several levels of the Tall Zone: the Social Stranger Tall Zone, the Immediate Tall Zone, the Personal Tall Zone and the Intimate Tall Zone. Figure 3 shows the proximity of the zones to the participants, with the outer Social Stranger Tall Zone being a fleeting connection with other 'tallies' in passing in the social environment, with an empathetic recognition for life as a tall person. The Immediate Tall Zone is the next level in, whereby participants regularly came into contact with other tall people. The diagram then moves to the Personal Zone, which represents family and friends who were tall and then into the inner area; the Intimate Tall Zone which refers to the deliberate choice of a tall partner. Some elements of the Tall Zones were formed by the participants, for example, choosing certain sport occupations to enable the Immediate Tall Zone, choosing tall friends in the Personal Zone and ultimately settling with a tall partner in the Intimate

Tall Zone. The Tall Zones were a source of support and acceptance for participants, which had a positive impact on how they felt about themselves as very tall members of society.

**Figure 3: Levels of Tall Zone**



The Levels of Tall Zone will be discussed in turn.

### **5.5.1 The Social Stranger Tall Zone**

The Social Stranger Tall Zone was the outmost Tall Zone experienced by participants and represented tall strangers that participants fleetingly connected to within the social environment. The female participants talked of gaining eye contact with fellow tall females and a subsequent slight smile shared between them. This was perceived to be an unsaid empathetic connection. *“I think we both kinda know, so you get that little kinda, little bit of eye contact, a bit of a smile”* (participant one).

Participant three experienced positive reactions when seeing a fellow tall female,

*I genuinely feel a bit of excitement about it, cos I find it so unusual to find.  
Oh that it is someone else who knows how it feels to be so much taller*

*than everyone else, and maybe they know some shops I don't know about or they might know some tips of where to go to get things to fit.*

She talked of the opportunity to make a connection to share experiences of the challenges of living with tallness and offering each other solutions to problems faced, such as shopping struggles.

Female participant one experienced a range of feelings when seeing another tall woman; she too was excited but then remembered how she felt annoyed when people looked at her, and hence challenged herself as to why she was looking at the other tall woman. It could be that she was seeking belonging and hence looking to make contact whilst being aware that by looking at the other tall woman, she was reacting to the height, reminding her of how she felt when others looked at her. She had not considered that the tall person receiving the look from a fellow tall person might feel differently to stares from people who were not tall.

The male participants however, did react differently when spotting another tall person by the 'nod' given to other tall men when they spotted each other in a social situation, "*You tend to, if you see someone at a bar also your sort of height, you tend to sort of spot each other across the way and there's a kinda nod of association with each other*" (participant two). The ability to make eye contact and acknowledge another tall person's presence could potentially enhance society identity; finding another of similar stature could affirm a social connection to a Social Stranger Tall Zone.

Interestingly, when participant six, who was 6ft 9in/2.06m, met other tall people, he experienced a threat to uniqueness of a physical part of his self-identity, although it was also a positive to meet other tall people:

*so I think you've probably experienced these moments when, especially when you see someone who is of a similar height, there is always that moment of deep breath, chest out, shoulders up sort of as you walk past, there is that 'are they?' 'Yeah they are taller' erm and why do we do that? Why do we measure ourselves against others? I think it's because we are a minority you know being this sort of height and erm it's an oddity so in yourself you need to know 'am I as unique as I appear to be'*



*erm so yeah sometimes I think 'why do I care' 'why do I care if I am as tall as that guy' and 99% of the time I am the biggest guy in the room, I have only ever met three people who are taller than me in my life, erm so I think that's an oddity in itself, and I think that is a bit of a shock and I think I don't like this you know, why is this person bigger but erm, yeah but erm I think it's quite nice.*

He seemed reassured that often he was still the tallest, hence retaining this unique aspect of himself, and enjoying the experience of being around another tall person, so not feeling alone in his tallness.

### **5.5.2 The Immediate Tall Zone**

The Immediate Tall Zone referred to tall people who were in regular contact with the participants but not necessarily classed as friends. This referred to school life for some participants such as participant two who explained that quite a number of boys in secondary school were a similar height to him (he was approximately 6ft 4in/1.93m at that time) and he therefore felt that he did not stand out so much, as others were also tall. *"It wasn't quite as hard, a difference in height to perhaps what I am now. I grew that 3" or so at university"*. The Immediate Tall Zone at school was available and helped him to feel that he fitted in, however growing to 6ft 7in/2.01m at university made the Immediate Tall Zone less obvious due to his extreme tallness.

A number of participants joined leisure team sport clubs for which their height could be seen to be advantageous. These activities brought an Immediate Tall Zone by the nature of the sport, which attracted other tall people. Because they stood out, participants two (6ft 7in/2.01m), four (6ft 7in/2.01m) and five (6ft 9in/2.06m) were approached to be in basketball teams and so it could be suggested that the Immediate Tall Zone came looking for them. Participants were encouraged to join sports clubs as others saw the potential of using their height as a strength, and this has been discussed in the sub-ordinate theme 'Playing to Strengths' within the Super-ordinate Theme 'Standing Out'. The Immediate Tall Zone in this instance could be seen to enhance occupational identity, as it not only enabled participants to be around others who were tall, but it encouraged engagement in certain occupations.

Both female participants were the tallest pupils in their school. Participant one talked about an awareness of others who were tall when she went to secondary school, hence recognising the Immediate Tall Zone at an early age. Participant one made an occupational choice to play netball throughout school and joined two netball clubs (inside and outside school) which opened up the opportunity for expansion of the Immediate Tall Zone.

All participants rejected the idea of joining a tall club to develop their Immediate Tall Zone as adults. Tall clubs are societies for tall people and can be on-line forums or face to face clubs with events to attend. Their purpose is to offer opportunities to meet other tall people, to share experiences, support each other and to make friendships. There are national and international tall clubs available to join. Participant two explained:

*I don't think I would ever want to be part of a club that distinguished itself as being a tall person's club. I think clubs for shared interests are one thing, and particularly groups where there is a much more negative self-image. I think they are very useful so when there's people who are suffering from conditions, anorexia or anything like that then these support groups are hugely beneficial. It feels, I feel there's almost, I don't know how to phrase this, but do tall people really have enough negative stuff in their life that they have to support each other with. I think teenagers definitely will do, cos they are teenagers.*

He could not appreciate why people would get together just because they were tall, to perhaps support each other, share experiences and gain a social identity. However, he did concede that perhaps tall clubs would be useful for teenagers who have extra pressures around body image and self-confidence. Participant six could also see the purpose of tall clubs for younger people:

*Erm that is undeniably a benefit, erm having those groups, those communities. I think once you get a bit older and you are a bit more your own individual, it's not always a necessity, hopefully you do have those communities of your own friends and family.... and erm you can be normal through them and not just tall.*

The use of the word 'normal' suggested that he was trying to gain a social identity with his own friends and family, some of whom would be tall, but tallness would not be the common denominator for being together. In addition, a club for tall people emphasised difference which he felt did not assist with integration:

*I don't need to be in those groups because at the same time it singles you out. You know it's erm, not to say it's the same but erm it's a bit like being black, you know if you are going to a, erm talk about it as a thing that separates you, then you are accentuating the point that it's a difference and it's not, you are still human, you are still a person so why do we talk about ourselves and other people as different when we are not (participant six).*

This quote implied that the tall clubs emphasised the difference of tallness and due to exclusivity of membership, it did not assist in helping tall people to fit into general society. Participant four had been aware of tall clubs for a number of years but also did not see the need to join. He had seen an advert in one of the newspapers but it suggested that the club was for people who struggled to make friends elsewhere and he did not have that problem. Although he was not interested in joining a tall club, he thought it might be a useful avenue to meet tall women.

### **5.5.3 The Personal Tall Zone**

The Personal Tall Zone referred to friends and family who were tall. All participants experienced this Tall Zone, which offered support and shared experiences for the tall participant. Participant one talked about reassurance of being within a tall family who had experienced similar situations and could offer support to her if she should need it;

*I think it definitely feels a bit easier, cos obviously everybody knows that everyone is in the same situation and obviously with family you feel a bit more comfortable because if anything does happen, you've got your parents and cousins to help you with it, so it does feel a little bit easier.*

Support was provided through advice to a number of participants, particularly in relation to how to enhance physical well-being. For example, adopting a good standing posture to

protect the back from injury was recommended to a number of participants by family members as they were growing up.

Participant five described a feeling of added inclusion because he was not bending down so much when out with taller friends. Hence, he felt more physically included in the group when communicating and sharing experiences. It could be interpreted that there was an added sense of belonging, the Personal Tall Zone being a strategy to enhance social identity.

Like most of the participants in study two, participant six belonged to a tall family and some of his friends were as tall as him or nearly as tall:

*I think I'm fairly, not unique but erm I'm not someone that was smaller then grew a lot I was always taller. I grew into a tall family as well, ....and I was also very lucky that two of my good friends when growing up were both over 6ft 6" as well so I was kinda lucky in that way that there were people about.*

Support from tall family members extended to preparation for the participants to experience negative reactions from others. Participant two talked of his tall mum and uncle who experienced taunts when younger and therefore expected participant two to have similar experiences, almost like a right of [tall] passage.

*I think she [his mum] expected, I think there was almost an expectation that when I was as tall as I was, that people would go 'oh lanky nar nar nar' like they did to her, and it didn't happen like that.*

#### **5.5.4 The Intimate Tall Zone**

The majority of participants had chosen a partner who was also tall. Participant three believed that her self-esteem increased when she started to date men, as she felt that this was an indication that her height had been accepted. Now married to a taller male partner, she expressed a new found happiness with her height, suggesting that the Intimate Tall Zone assisted her to fit into the norms of society in relation to height expectations of heterosexual couples. This is an area of discussion within the sub-ordinate theme 'Stereotypical Expectations'.

All participants were aware of the stereotypical view of heterosexual couples and the height expectations. All who were engaged in intimate relationships had developed Intimate Tall Zones except for participant two. Participant two experienced a sense of obligation from his tall mum in the past to try to go out with tall women. He felt it was a duty put upon him to help develop the Intimate Tall Zone with another:

*As a tall man it was my duty to seek out these lovely tall, so like some kind of tall lady predator, I should go and white knight for them and help them out, because they would appreciate having someone taller than them .*

He did however marry a woman of average height (5ft 4in/1.63m).

Participant five talked about it being more convenient if the girl he was dating was taller:

*it's never openly been an issue erm for me seeing girls erm and obviously it's more convenient for me if the girl's slightly taller as well, like the girl I am dating at the moment is 5ft 11in and that helps*

suggesting that it helped if a partner was taller due to practicalities from a physical perspective. This resonated with participant four's views and his consideration of joining a tall club to try to meet a taller partner. Participants shared about the ease of talking to and hugging another very tall person, as it reduced the need to adopt a compensatory physical strategy to enable the activity to be carried out.

## **5.6 Super-ordinate Theme: “The World is Not Made for Taller People”**

All the participants in Phase II of the study had lived experiences of trying to fit into a world not built for the taller person. The youngest person, (participant one) articulated the challenges facing young British adults who have a stature on the 99.9 percentile or above for height:

*I think I also know when something is kinda gonna go wrong with me, it's gonna be a bit worse, cos **the world is not made for taller people**. In something like sitting, you have to be careful about the way you sit because it can cause more damage than you think.*

She talked about making adaptations to fit into the physical environment, compromising her physical health, through slouching at times in standing and adopting a poor sitting posture. Participant one explained about the difficulty sitting in lectures, due to the cramped sitting conditions and lack of adequate space, which *“causes a bit of an issue”*. This was a daily physical challenge which the very tall student faced, due to the restrictions of the studying environment.

Whilst he now tried to maintain a good standing posture as an adult, participant six talked about the times he had to stoop to integrate with others who were smaller than him: *“If I’m in a bar or something with friends I probably do stoop because you can’t hear anything. You are physically about two foot away”*. When he stooped he tried to regain a good posture because if he did not, it caused problems the next day when he tended to get a headache. He experienced pain, which goes with a poor posture, to accommodate others. He adapted, by sitting as much as possible to overcome problems with stooping. It put him at the same height as others and he could have face to face contact and take the pressure off his legs (stooping can bring pressure to other areas of the body such as legs as well as the back). Participant two also adapted his posture by sitting when with others who were shorter.

Furniture posed an everyday problem for all participants in relation to occupations associated with self-care, productivity and leisure. Standard height showers were not tall enough for participants and if a shower head was adjustable to the correct height for the participant, it became taller than the shower screen or curtain causing floor flooding in the bathroom, as explained by participant two. The only other option was to stoop in the shower if placed at a lower height to avoid flooding. Participant one has opted to go home from university to shower as the shower at home was able to accommodate the taller person. Participants could purchase longer beds and taller furniture such as tables and chairs but these usually were more expensive. Again, when away from home, sleeping in beds that were too short with foot-ends resulted in a poor sleeping posture. *“We’ve stayed in beds before and had to be crunched up and not be comfortable”* and been *‘at angles because of it’* (participant three).

Similarly, with chairs and tables, participant six explained how the incompatibility of standard furniture could impact on a leisure, social occasion such as dining out:

*This frame with an apex or actually you can't fit under the table as chairs are too low, but yeah I kinda get used to it but it is frustrating. There have been times I go out for dinner with my partner and she has to say 'actually can you sit us somewhere else' cos I can't physically fit in, four feet back from the table, I can't actually sit down here, erm and they kinda look at you and go 'oh'.*

These examples of experiences showed that trying to engaging in occupations using typical height furniture caused problems to posture, impacting on physical well-being. A number of participants had adapted their home environments to be more ergonomic to ease the physical pressure on their sitting and standing postures. This had included buying bigger furniture, and for one of the tallest participants in Phase II, it had meant buying a bigger property to enable the larger furniture to be installed. This all came at an additional cost, which could potentially impact on financial well-being.

Accessing other leisure activities were problematic due to poorly fitting equipment or furniture. Rides at adventure parks were problematic due to height restrictions and also engaging in activities such as the go-karting experience, whereby participants endured embarrassing assessments to determine if they met the height inclusion criteria. Carrying out occupations correctly using the weight machines at gyms was problematic for many participants, as some of the equipment did not accommodate the very tall.

*Anything that requires sort of shoulder movement is too short. You can't get the full extension of your shoulder movement, you know, you can push up and your arm doesn't get to its full extent." "You find a lot of the leg machines are just an inch or two off where they need to be"*  
(participant two).

Trying to fit into the world that is not built for the taller person required compromise and adaption. Participant two had undertaken strategies to assist his physical well-being, mindful of the above and did exercises at a gym which had been given by an instructor to enhance his standing posture and so aid physical health (to reduce aches and pains).

*It just means that holding your posture is easier because one thing, if you are consciously trying to do it, doesn't take long before your muscles start*

*to feel uncomfortable so if you are doing some work outside of it, it does, I have noticed the year or two I have been doing it, that it's more comfortable to be upright now that I have been doing training things to support it.*

Participant six was also very aware of his posture, particularly in standing and when having to negotiate doorways. He had developed a learnt behaviour to adapt and manage doorways and low aspects of ceilings

*I get looks all the time, people look at me go 'oh my God you were so close to hitting your head' and I'm like 'I won't because I have learnt that I need to power duck and it's almost like a sixth sense, you just do it automatically.....erm the trick then is to try to re-posture yourself so you are not constantly stooped, which is what I did as a teenager, I was horrific erm, I had really bad posture, but I have managed to get my shoulders back and stand up straight.*

All other male participants had to regularly bend to move through doorways. Door sizes vary, however a typical internal door in the UK is 78 inches or 6ft 5in/1.96m. (Door Store n.d.). External doors can be the same size or slightly taller for example 80 inches or 81 inches). Participant four explained that sometimes when doorways were slightly taller, there was not consistency within a building and so he would get 'caught out' if there was a lower doorway and he was not expecting this. His posture had been impacted upon because of the constant bending to get through doorways. Banging his head was a regular incident and other areas he talked about being hazardous were the overhang areas of stairs. Participant six had similar problems with the overhang areas of stairs and sustained an injury at school which necessitated a trip to hospital and a hazard taping across the overhang beam on the school stairs for future years.

When considering productivity-related occupations participants experienced problems with furniture in their work environment. For example, due to her work station not being ergonomic, participant three sometimes experienced backache through working at the computer in sitting. This was a similar experience to participant six when working in an office environment. Participant three tried to adapt her work environment as best she could by raising her monitor on a book, but as she moved rooms frequently, her work area



was not protected and so a permanent solution could not be found. One could consider the Health and Safety at Work Act 1974 (Health and Safety Executive (HSE) n.d.) and whether this participant had received an adequate workstation assessment. Due to poor posture and subsequent back ache from her work sitting position, participant three did try to move about in the lunch period to change her position. However, this was not always affective at times when she was busy and time was limited.

Participant six found that working in an office for a year caused difficulty for his sitting posture because his work station was not adequately adjusted in that time.

*Why is that not a thing that people realise we need different things and it has to be accommodated. That really does. They said, oh why don't you just put it up on a couple of books, so it's higher up and you go 'or get me a bigger desk'.*

He had since found a new job that was more ergonomic (working in the sport leisure industry) and had also discovered swimming to be suitable and supportive as an activity for tall people.

All participants in Phase II of the study expressed that they experienced physical pain due to poor posture. Slouching in sitting was adopted to try to fit into seats:

*I'm generally a sloucher, just cos I find it more comfortable in most seats to have my shoulders supported, so again you potentially run into where, 'are your knees going to hit on the chair in front?' scenario (participant four).*

Airplane seats were particularly problematic for the male participants who were trying to get head support:

*the backrest isn't high enough to actually put your head on, so what you find you try and do, you try to lean back but then the actual seat hasn't got the depth, so you end upon the edge of the seat or really hurt back (participant two).*

Other problems on plane flights included insufficient leg room for all participants in the study and the dilemma of whether to pay more for extra legroom, which many did but participant three refused to do:

*I again get a bit stubborn I go 'no I'm not paying for the extra leg room on the flight because I think it's ridiculous that I have to pay significantly more to have that', so I will deliberately sit and then be uncomfortable.*

Participant one and participant five adopted a different view, in terms of putting up with the situation and making the necessary adaptations.

*I think it's useful to help to change things, but I think there is also only so far that things can change, like things like leg room.....there is only so much talking about it can do, like I can sit here 'til the cows come home and be like "there should be more room for people" "I shouldn't have to sit here" but in the end I kinda jeopardise myself and don't go on holiday and so there is only so much you can do (participant one).*

This was the 'shut up and put up' strategy and 'make the best of it' perspective. However, even standing up straight in a plane was problematic for the tallest participants in the study because at 6ft 9in/2.06m, participant six's head touched the ceiling of the plane necessitating stooping:

*even standing up in those aisles sometimes I am still brushing the top, it's not that tall anyway so you can't, so you are stooped again and when you are waiting for the toilet all the time you are thinking 'I want to get out now'.*

This impacted on his sense of belonging within the environment:

*yeah at that point you feel like a second-class type of person, which is a bit, in this day and age, we are not that dissimilar you know. Its four inches, it's really that is the problem between me and someone who is considered average.*

It could be debated as to whether 6ft 5in/1.96m is average or just within a threshold of manageability, as suggested by participant two, who at 6ft 7in/2.01m, felt he could just about manage the challenges of fitting into an environment not made for the taller person.

*I find I am just about alright, I am on that cusp of when things would become problematic. I think if I was say 6ft 8in or 6ft 9in, that's when I would hit that point where it would be really hard.*

Participants tended to avoid occupations where the ill-fit with the environment was too problematic. Participant five, for example, rarely travelled on a plane and participant one tended to avoid public transport such as the bus, due to finding it difficult to fit into the vehicles because of restricted leg room. *"People don't really realise there are only certain seats you can sit on, on the bus and so I think that's why I kinda learnt to drive so early"*. Similarly participant six tended to try to avoid public transport:

*but then things like trains and planes and buses and all that stuff, you are always having to worry that hopefully there's aisle seats so that you can turn your legs out, or right at the front, which can be quite frustrating.*

He chose not to use public transport much as it was difficult to manage: *"I don't actually, I don't use public transport very often at all because it's a frustration"*. Other participants in the study adapted within the public transport environment to try to sit across two seats, or near an aisle or take a table seat on a train.

Cars provided a positive opportunity for participants to travel as many modern cars have mechanisms to adapt successfully to accommodate the seating posture of the taller driver. Some participants have found they have had to spend more money on a larger car than they would have wished for to ensure they have adequate seating. Again, this brings to the fore the impact on financial well-being, which will be addressed further in the sub-ordinate theme, Shopping Struggles.

### **5.6.1 Sub-Ordinate Theme: Shopping Struggles**

All participants in Phase II of the study found that the occupation of shopping for items such as clothes and shoes was a struggle. Whilst some high street stores now stocked items for the taller consumer, these items were not easily accessible; mainly being accessed on line. *"They've got stuff, but never in the shop, so there is no point going into the shop as far as I'm*

*concerned, erm which is problematic because I can't try things on"* (participant four).

Participant one felt disadvantaged as she could not buy items last minute like her friends, who could go into a store on the day they needed the item and purchase it. Participant one also talked about what was acceptable to purchase in terms of clothing that was designed for shorter people. There seemed to be less tolerance for the taller woman to show more skin, which was often a consequence of purchasing regular size clothing which looked shorter on the taller woman:

*I felt the goal posts were kept moving just for me, but for other people it was okay. Like if my friends went out in something that was a bit more revealing, we could be showing the same amount of skin technically, but for me it seemed to be a lot less acceptable. Just because there's more on show.*

Participant three (the other female in the study) had to adjust the use of garments, so a dress would be bought to become a tunic to wear with leggings. Participant three's height impacted on her leisure occupation (hiking) as she struggled to find suitable boots and trousers to purchase. There were a lack of options and she resorted to buying men's items. She had to adapt and compromise *"usually it is a choice of what fits or what is the closest to what I need, rather than anything else"*.

The men in Phase II of the study commented on how in the past manufacturers believed that if a man was tall he must also be broad, and it had been a struggle in their experience to gain a fit which was complimentary, *"it's very difficult to find anything that you actually like and you end up shopping based on practicality."* (participant four). All the men in the study were tall and slim. However, with the arrival of specialist tall stores, this was being overcome, but financial outlay had been impacted.

The cost of items for the taller consumer was highlighted by the majority of participants. *"I just don't understand paying more for your height. It's not something I can control, it's not something that I have chosen"* (participant three). Participant five commented:

*they have discovered a niche in the market as tall people need clothes and so now there are specific shops that are not only set up for tall people but are also actually pretty fashionable and erm their clothes actually look quite good. They have discovered that there are tall people in the*

*world and surprise surprise they normally have tall people who face that issue and they can make quite a lot of money off tall people who want to buy specifically in their size so a lot of companies have either opened a big and tall range or are specifically in the market for tall people and erm they have got a pretty wide variation of clothes.*

Participants also experienced having to spend longer trying to find suitable items “*you end up being, having to spend extra time looking for more, be a bit more awkward and yeah, a little bit frustrating*” (participant six).

Of interest were the list of items that participants shared that were extremely difficult to access such as underwear, socks, gloves, ski wear and maternity wear. Whilst specialist shops provided some clothes and shoes, they did not seem to appreciate the need for other items, such as those listed by participants, to be available for the taller consumer.

With a stature of 6ft 9in/2.06m, both participant five and six had to manage with what they could find. This was a strategy that worked until an item was needed for a special occasion such as a wedding. Participant six was getting married and could not find a morning suit to fit. Female participant three also discussed difficulties obtaining garments for weddings, and how it had made her forthcoming role as a bridesmaid difficult. Bridesmaids usually purchased the same outfits and shoes, but that was based on the understanding that they were all of a similar height.

Table 7 below summarises some of the strategies adopted by the participants to help them to fit into a world no made for taller people.

**Table 7: Strategies to Manage when Trying to Fit into a World not Made for Taller People**

Strategies to manage an ill-fitting built environment				
Standing Posture	Air travel	Sitting Posture	Buying items	Public transport
The doorway duck	Pay extra for larger seats on flights	Slouch in sitting to gain a head rest	Buy a bigger car	Avoid public transport – learn to drive early
Readjust posture after bending (doorways)	Refuse to pay extra for larger seats on flights	To move about in lunch hour after sitting in poor posture at computer	Buy bigger furniture	Sitting sideways on public transport, take up two seats, take aisle seat
Exercises in gym to assist posture	Bend head in standing to accommodate low plane ceiling	Place computer monitor at highest setting and on books.	Buy a bigger house, to accommodate bigger furniture	
Swimming	Put up and shut up		Buy male shoes (female participant)	
			Alter purpose of clothing garments – dress to tunic (female participant)	

### 5.6.2 Sub-ordinate Theme: Tallness as a Disability

This theme emerged from the narrative of participant four, who learnt about tall height being considered a disability at school:

*so the first time I thought of it as a disability was err, I was part of, we were doing an IT project as part of my A level in IT and it was on erm how technology can be used for accessibility purposes and there was a case study on a man who is local and blind and he came in to give a talk on what it was like and the various pieces of tech he used to read and the sat nav thingy attached to his guide dog and things like that and during the course of it he was asking various questions to like the audience of erm, whose got this, whose got this and it was like, he got to 'who's over 6ft 3in' I think he said, I can't remember, 'you're disabled' and I went 'huh' [laughs] and so sort of like, if anyone else had said it I wouldn't have taken it in but because a blind man has just said you're disabled, you go 'oh right'.*

Participant four did not see himself as disabled but 'differently abled', everything worked but the environment has made him disabled because the world had not been adapted for him. He talked about not fitting into an economy airplane seat and gives this as an example of being disabled by the environment:

*Erm it's just those things that boil down to what is available and if, you know, it is difficult to make the argument for just being tall which nobody really regards as an actual disability even though it will be in those scenarios. It's difficult to make the argument that you deserve the priority seat, there's a pregnant woman, an old man with a stick and me – I don't think I'm I'm going to win this one.*

He had discovered that over the height of 6ft 6in/1.98m a person could, he believed, qualify for a blue parking badge, which links with the concept of being disabled. In addition, as a performer he had looked into the BBC's diversity policy and discovered he could get a show commissioned purely on the grounds of being so tall (diversity of height). However, he would need to declare he was disabled and felt he could not justify this, as he did not see

himself as disabled, just that the environment dis-abled him. He was suggesting therefore that being so tall was more of a hidden disability through the Social Model of Disability (Oliver 2013).

## **5.7 Summary**

The second phase of the study has uncovered five super-ordinate themes which have been considered, alongside accompanying sub-ordinate themes. Participants discussed a growing acceptance to their diverse stature and how it influenced their personal identity. They shared how they managed reactions of others, utilizing strategies to assist social well-being. Stereotypical expectations brought opportunities and challenges which participants highlighted. The Tall Zone was an interpreted major strategy to help with managing the social environment, along with making occupational choices to play to strengths of possessing a tall stature. Living in a world not designed for tall people, brought occupational restrictions, obstacles to engagement which could impact on physical well-being, a threat to financial well-being, and for one person the consideration of whether the built environment could dis-able the extremely tall adult. Chapter six will bridge the findings of this chapter and those of phase I of the study, prior to moving forward to the discussion chapter.



## **Chapter 6: The Bridging Chapter: Consideration of Phase I and II Findings**

### **6.1 Introduction**

This study was undertaken in two discreet phases. The second phase was informed by the first as explained in the methodology and methods chapter. Phase II of the study embraced all the elements of Phase I and particularly explored in more detail identity, from the perspective of personal, social and occupational identity. The consideration of tall height and disability was uncovered as an idiosyncratic sub-theme in Phase I by the tallest male participant (6ft 7in/2.01m) and thus woven into the semi-structured interview schedule for Phase II of the study, to see if it emerged in the subsequent data collected. The discovery that tall stature influenced occupational choice in Phase I warranted further consideration within Phase II.

Each phase had defined objectives and separate bodies of data, and thus distinct processes of analysis were undertaken. In order to make sense of the overall findings of this study, and consider them in the light of existing knowledge, it is first necessary to highlight how the findings from the two stages map with each other. Below are the themes of both phases of the study. Most of the themes are collective themes from each phase of the study, however there are some idiosyncratic themes identified.

**Table 8: Super-ordinate and Sub-ordinate Themes of Phase I and II of the study**

Themes	Phase I	Phase II	Sections of the chapter
<b>Super-ordinate Theme</b>	<b>“Being Comfortable in my own skin”</b>	<b>“Comfortable in my own body”</b>	Section 1: <b>My Tall Stature</b>
Sub-ordinate theme	Body Image	Growing Acceptance	
		Tallness is part of my Identity	
<b>Super-ordinate Theme</b>	<b>Tallness and Identity</b>		
Sub-ordinate theme	Tall Zone “So you must be....”		Section 2: <b>The Social and Physical, Built World</b>
<b>Super-ordinate Theme</b>		<b>The Tall Zone</b>	
<b>Super-ordinate Theme</b>		<b>Stereotypical Expectations</b>	
Sub-ordinate theme		Gender Expectations Sexual Assault due to Height*	
<b>Super-ordinate Theme</b>	<b>Standing Out</b>	<b>Standing Out</b>	
Sub-ordinate theme		Reactions of others Restrictions on occupations Playing to strengths	
<b>Super-ordinate Theme</b>	<b>Playing to Strengths</b>		
<b>Super-ordinate Theme</b>	<b>Fitting into an Average Height World</b>	<b>“The world is not made for taller people.”</b>	
Sub-ordinate theme	Making Compromises An Unseen Disability* Shopping Struggles	Tallness as a Disability* Shopping Struggles	

\*These themes were idiosyncratic themes within the phase of the study.

The super-ordinate and sub-ordinate themes in table 8, are colour coded to show connections between the two phases of the study. The journey to bridge the findings, commences with a consideration of how the tall participant felt about his/her tall stature and forms the section entitled 'My Tall Stature'. The chapter then moves to how everyday occupations were managed when engaging in the social world, before finally considering the fit between the tall participant and the physical, built world (Section 2 'The Social and Physical, Built World'). The chapter is thus divided into two sections, with headings that link super-ordinate themes and sub-ordinate themes from both phases of the study. Colour coding is continued on from table 8 to assist navigation of the bridging activity. The theme headings show super-ordinate themes in bold and sub-ordinate themes in normal typeface.

## **6.2 Section 1: My Tall Stature**

### **6.2.1 "Being comfortable in my own skin"/"Comfortable in my own skin"**

Both phases of the study identified, within the narrative of participants, how they felt about themselves. Most of the male participants in Phase I were happy with their height; the tallest male was the exception and at 6ft 7in/2.01m, he would have preferred to have been slightly shorter (6ft 4in/1.93m). Of interest were the thoughts of male participants in Phase II who shared the height preference of the tallest male participant in Phase I, in that they also would like to be slightly shorter, with suggested heights of preference to be 6ft 4in/1.93m and 6ft 5in/1.96m. The study therefore suggests that the male height of 6ft 4in/1.93m/6ft 5in/1.96m would be the preferred tall height. The men in the study liked to be tall and saw the positive attributes of tall stature. Tallness brought opportunities and expectations for the male participants in both phases of the study, in relation to authority and power. This added to their feeling of acceptance of tallness, as they embraced these positive associated elements. None wished to be an average or small height, however there was an optimum tall height (6ft 4in/1.93m/6ft 5in/1.96m) for comfort and ease of managing everyday life. This was an interesting discovery and links to literature which considers a cut off point for acceptable tallness (Binder et al 1997).

The female participants in both phases of the study also embraced their height, although one female participant in Phase II (6ft 3in/1.91m) had received hormone therapy as a child

to reduce her final adult height. She was the only participant in the study to receive medical intervention to reduce final height, and based on her predicted final height in pre-adolescence, it was possible that height reduction had occurred by approximately three inches. The reasons for the height reduction intervention included a psychosocial concern regarding fitting into society as a very tall woman, and worries about managing the physical, built environment which catered predominantly for the average height person. Most female participants in both phases of the study indicated a preference to be tall but shorter than their present stature. It seems therefore that they were comfortable with the idea of being tall, but their actual heights were a little too tall. Preferred height for female participants ranged from 5ft 10in/1.78m to 6ft 1in/1.85m. This preferred height range resonates with literature suggesting that this was a cut off point for acceptance for female tallness (Binder et al 1997). All the women in the study chose not to wear high heeled footwear, explaining that they did not wish to add height to their stature, although one felt the loss of opportunity to symbolise her femininity by not wearing high heeled shoes.

Both phases of the study uncovered how acceptance of stature had occurred as participants became adults, with the realisation that nothing could be done to change height, other than slouch or stoop. Whilst all had adopted poor standing postures to fit into their social and physical surroundings, some such postures accentuated the difference in height and gave the impression of feeling self-conscious about the tallness. Participants in both phases of the study shared the importance of maintaining or re-gaining a good standing posture to protect their physical well-being. The majority of tall participants in the study had experienced musculoskeletal problems through poor posture, involving back problems, but also knee and hip pain.

Participants in both phases of the study felt that their confidence and self-esteem relating to their tallness had developed with age, which assisted in acceptance of their height. Interpretation of their narrative suggests that adopting strategies over time, such as developing a supportive network of friends and family, and choosing occupations for which tallness was seen to be a strength, assisted with a more positive body image and acceptance that tallness was part of their identity.

### **6.2.2 Tallness and Identity/Tallness is part of my Identity**

Participants in both phases of the study articulated that tallness was part of their personal identity. This was due to their height being a physical aspect of them that others immediately saw, so was part of their personhood that formed their identification by others. 'Tallness and Identity' formed a super-ordinate theme in Phase I of the study and was a particular area for further exploration in Phase II. The second phase of the study produced narrative relating to identity that connected to feelings of how comfortable participants felt with their bodies. Some participants in Phase II reluctantly accepted tallness as part of their identity, identifying that they wished people could 'know them' first and foremost for other aspects of themselves, such as a humorous or kind personality. As participants in both phases of the study were known for their height, height hence influenced their identity. Of interest is that in both phases of the study some participants preferred not to connect the selfhood aspect of their identity; their inner identity (Jenkins 2004) in relation to height. Height to them was not what defined them, but it was how others defined them. Strategies adopted to accept height as part of their identity spanned a spectrum from ignoring their height as much as possible whilst accepting that this would be a natural aspect of identification by others, to joining groups and clubs for which tall people would likely attend. The latter was a strategy to embrace their height as part of not just a selfhood identity but as a social identity. This moves the focus to the social and physical, built world, for which participants managed as part of their everyday lives.

## **6.3 Section 2: The Social and Physical, Built World**

Participants in the study were required to navigate their social and physical, built environments on a daily basis. This section will commence with a focus on the social world, before moving forward to consider the physical, built environment.

### **6.3.1 Tall Zone/The Tall Zone**

Both phases of the study uncovered the strategy of being around other tall people to provide support and comfort to the very tall young adult participants. Most participants in both phases of the study came from families who were tall and some talked of gaining a level of empathetic and practical support through this avenue. This brought forth the concept of the 'Tall Zone' interpreted by the researcher and part of the super-ordinate

theme 'Tallness and Identity' in Phase I. Participants in this phase of the study talked of welcoming the opportunity to make friends with other tall people by joining sports clubs, and for one female participant, by joining a specific national social club for tall people. Participants in Phase I of the study shared positive experiences when around other tall people, feeling reassured, comforted and relaxed. However, some participants in Phase I of the study did perceive it to be a little strange to be friends with another tall person if the only aspect in common was tall height. One participant went onto to suggest that the conversation with other tall people would be about frustrations of being tall and accentuate the frustrations further.

Of interest in Phase II of the study was the greater depth of dialogue regarding the Tall Zone, which resulted in this concept becoming a super-ordinate theme. 'The Tall Zone' within Phase II of the study explored a collection of people in the lives of the participants which transpired into levels; some automatic and some chosen and created by participants. Behaviours associated with zones resonated with those in Phase I of the study, for example 'the nod' which male participants shared with other tall strangers in social situations. The Intimate Zone outlined in Phase II mirrored the preferences of most participants in both phases of the study, in relation to choosing a partner who was also tall. Male study participants in Phase II explained that it was easier to manage activities related to intimate partnerships when the partner was also tall. Female participants in both phases of the study shared that they felt a sense of comfort and happiness being with a taller male partner. It helped them to fit into the expectations of heterosexual partnerships.

The concept of the Tall Zone was an influencing factor for some tall participants when choosing occupations. Engaging in occupations where there would be an opportunity to meet other tall people was seen to be a positive as long as the occupations were generally accepted as popular, such as basketball and netball clubs. It seems that the Tall Zone enabled a sense of community security and belonging, which could be considered to enhance social identity.

### **6.3.2 "So you must be..." / Stereotypical Expectations**

Societal expectations based on stereotypical thoughts were experienced by participants in both phases of the study. In Phase I "So you must be..." was a sub-ordinate theme within the super-ordinate theme 'Tallness and Identity', and related mainly to the dialogue

associated with work-based occupations and tall people. The association between the tall female and the occupation of modelling was experienced by female participants in both phases of the study. Male participants experienced dialogue which expected them to hold work-based occupations with authority and power. Of interest was the discovery that most participants (female and male) did hold work-based occupations with authority and power. Tallness and authority was seen to be a positive stereotype, embraced by most participants. Height has been seen within both phases of the study to influence choice of leisure occupations, as mentioned in the Tall Zone section 6.3.1 and the Playing to Strengths section 6.3.4. It could be surmised that stereotypical expectations relating to tall height and certain leisure occupations had also influenced choice. This seemed to be a mechanism to assist societal acceptance of atypical stature. There were, however, two participants, one from each study phase, who rejected some stereotypical pressures, particularly in their younger years.

In Phase II of the study 'Stereotypical Expectations' emerged as a super-ordinate theme, with positive accounts of when participants were listened to above others in their workplace because they were tall and seen to have authority. This resonates with the experiences of participants in Phase I and would have reinforced the benefits of being very tall and extremely tall.

However, the challenges of managing societal stereotypical expectations in Phase II of the study seemed to outweigh the benefits. Sub-ordinate themes relating to gender expectations and behaviours of others acting on stereotypical views brought forth challenges. For one participant this had resulted in sexual assault and the narrative relating to his experience cumulated into an idiosyncratic theme. For another participant, negative societal stereotypical associations relating to the tall black adult and expected anger and aggression had been experienced. This participant had tried to work against this stereotype, being mindful of the way to present oneself to others, particularly new people.

The tall female participants in both phases of the study shared their experiences of gender related expectations from others. They explained that others reactions made them feel as though they did not conform to societal expectations of a woman's stature. Female participants talked of being perceived as intimidating (Phase I) and stand-offish (Phase II). Bullying was experienced by a female participant in Phase II at school and participants in

both phases of the study received unpleasant comments from shorter men, which some participants felt were due to male insecurity when faced with a taller woman. In addition, the societal expectation in the heterosexual relationship of a taller male to female caused a decrease in confidence and increase in self-conscious feelings for some female participants, particularly in Phase II.

Reactions of others towards very tall and extremely tall stature was embraced further in the super-ordinate theme 'Standing out', in both phases of the study.

### **6.3.3 Standing out/Standing out**

Standing out was a super-ordinate theme of both the first and second phases of the study. As very tall young adults, the stature of the participants meant that they literally stood out amongst their peers and others in society. This brought reactions from others which participants had to manage as part of their everyday life. In Phase I of the study, participants talked of receiving regular comments and for the taller Phase II participants, it was a daily occurrence.

Participants in Phase I of the study expressed how the comments made them feel, for example they felt 'too tall' and they also informed that it could impact on their well-being if they had experienced a difficult day. Phase II participants experiences mapped into those of Phase I, with stories of comments from others about their height potentially impacting on their self-esteem. Feelings evoked in participants in both phases of the study, when faced with comments about their height, ranged from frustration at having to talk about a personal aspect of themselves, and often also about their family height, to feelings of exhaustion, irritation and anger.

Tallness brought attention to participants and those in Phase I felt as though they were at times a target from unwanted shorter male attention, whom some suggested felt intimidated or insecure when faced with a taller male or female. Male participants were at times targeted for fights by inebriated shorter men, and female participants received embarrassing and shocking comments from shorter men. This also occurred in Phase II of the study but the male participants recalled less about the threat of a fight and more about discriminatory comments. Perhaps the male participants in Phase II were too tall to take on in a fight by shorter men they came across.



Male participants in both phases of the study diffused tension by use of humour, effective communication to reduce tension, and for Phase II participants, also by ignoring comments. There was also a feeling of resignation that comments would be forthcoming due to the atypical height. Female participants in Phase I of the study used a combination of strategies including retaliating back to comments and use of humour. Of some concern was the strategy by one female participant in Phase II to avoid going out on a social basis. When she did venture out with friends, they often were supportive. It was interesting to discover the reaction of smaller friends of participants in both phases of the study, in relation to comments received about tallness when out and about. The smaller friends would defend the taller participants, demonstrating an empathy to the typically intrusive and unwelcome situation the tall friend was experiencing.

### **6.3.4 Playing to Strengths/Playing to Strengths**

‘Playing to Strengths’ was a super-ordinate theme in Phase I of the study as it was perceived to be an important strategy to enhance social and psychological well-being. Participants talked about how they used their tall stature to help others, for example in relation to joining sporting clubs on the request of others and assisting shorter shoppers to reach for out-of-range items in supermarkets. This provided a positive connection to their tallness which in turn helped their own feelings about their height.

In Phase II ‘Playing to Strengths’ was a sub-ordinate theme within the super-ordinate theme ‘Standing Out’. It was again a strategy used by participants to highlight the positives and benefits of being tall within a society where they stood out amongst others. To show height as useful helped with acceptance by others of diverse stature, along with self-acceptance.

Sport and the choice of sport-related occupations featured heavily in Phase I of the study, with most participants choosing to engage in occupations as children and adults for which tall stature was seen as a strength. This suggested a connection between choosing an occupation for which height was a positive and a subsequent feeling of well-being from a social and psychological perspective. Tall stature enhanced occupational performance for participants engaging in sports such as netball and basketball, as they were closer to the hoop. In five-a-side football, in the role of goal keeper, the longer stature enabled easier defence of the goal. Due to the natural advantage of tallness to some sports, some male participants in Phase I were placed in the year above at school for sporting activities. In

Phase II of the study, a participant was placed with older and taller opponents in martial arts. For participants in both phases of the study, they were sought and requested to play for teams, as their height was seen to be an advantage to the sports clubs. Two participants across the study initially rejected the expectation to use their tallness to their advantage in sports, but later in life as adults embraced the positive opportunities tall height afforded, one planning a business development specifically related to tall consumers.

Tallness offered openings in several vocational occupations. Female participants in both phases of the study believed their tallness had enhanced vocational opportunities. They were seen and heard above others; their stature giving an impression of ability. For male participants in Phase I and II, work-related opportunities arose in terms of gaining positions of authority, which they suggested were assisted by their tall height. An additional element of uniqueness and noticeability was useful for some male participants in Phase II of the study, who used this to their advantage in their comedy work and acting auditions.

Participants particularly in Phase I of the study also used their height in social group situations to an advantage to be the focal point in large group events. They also found their height enabled them to be served more quickly at pubs as people tended to let them through to the front of the queue. One participant in study I used his height to his advantage when younger to gain access to alcohol as an under-age drinker. This he felt enhanced his social standing with his peers. However, Phase II participants did not share such positive experiences in social settings. They found fitting into a social environment particularly challenging due to their taller stature.

### **6.3.5 Fitting into an Average Height World/ "The World is not made for Taller People"**

For both phases of the study the challenge to physically fit into the built and social environment was considered in detail and became super-ordinate themes. All participants in the study talked of needing to make compromises to their physical stature in the form of stooping and slouching, and for some, dropping a hip into an asymmetrical stance, and widening a standing posture. This enabled participants to physically fit a little more into their social environments when people around them were shorter. Moving through doorways necessitated bending for all male participants over 6ft 5in/1.96m. Poor posture from such activities resulted in musculoskeletal problems for most participants, mainly in

the back, but also in the knees and hips. Some participants in both studies adopted the strategy of sitting wherever possible in social situations, to enable them to make eye contact with others and feel a greater connection with the group and conversation. Unfortunately, even in sitting, postural problems occurred in social environments when furniture was unable to accommodate a taller frame. In addition, participants felt obliged to slouch even in sitting so that others could have a better view if behind them in a seated environment such as at the theatre. To enhance social well-being further, participants often chose to stand at the back of standing events where other people would also be in attendance, to try to accommodate the view of shorter people. Participants in Phase II of the study found they received a large amount of discriminatory comments at such events if they chose to stand further forward, to accommodate their shorter friends who were attending with them.

Work related posture problems in Phase I included negotiating health and social care related equipment that was too short, for example wheelchairs and pushchairs. Health and social care activities such as moving and handling patients who were shorter than the participants, and moving patients with co-workers who were shorter caused postural problems. In both phases of the study, sitting postures in desk-based occupations were problematic due to furniture and equipment not being positioned correctly and furniture being too short. Where sitting environments were not fixed, participants in both studies tried to adapt their working environments to make them more ergonomic. They also regularly had a break from their sitting posture to alleviate pressure on their musculo-skeletal systems. In addition, some participants across the study highlighted restrictions on choice of some occupations, or roles within occupations due to their very tall posture, making it difficult to engage in the associated physical or social working environment.

Keeping fit was a positive strategy to manage postural issues in both phases of the study, but activities to enable this were restricted. For example, gyms could not accommodate fully the needs of the tall participant, reducing the capacity to maintain physical well-being in this environment. Swimming and Pilates was undertaken by some participants in both studies to try to counteract the physical strain on their tall stature and most actively tried to adopt well aligned sitting and standing postures. This indicated that participants were keen

to maximise their physical well-being within the constraints of an environment that was not built for the very tall or extremely tall.

Travel was discussed in both phases of the study. Car travel was the least problematic choice, however, greater expense was often incurred to get the correct 'fit' of car transport, which participants suggested impacted on their financial well-being. Travel by air was problematic for all participants in both phases of the study and avoided by some participants in Phase II due to problems with head room in standing, as well as leg room issues and head support problems in sitting. Paying for additional legroom again increased the cost for the taller traveller. Public transport on trains and buses caused problems for participants across the study due to restricted leg room and head room (on some buses). Strategies for managing travel were to drive themselves where possible, and to try to choose seats on public transport that could accommodate their stature a little more. Various responses to air travel across the two phases, included avoiding air travel, refusing to pay for extra leg room and experiencing uncomfortable journeys, to paying for additional leg room but feeling that this had an unfair outcome in terms of increased impact on finances.

Other everyday occupations caused challenges due to the 'ill-fit' of furniture and objects. Personal care occupations were hampered by short showers and small baths. If a shower head was adjustable to the correct height, the shower screen or curtain was usually too short and resulted in water over the floor of the shower room, causing a hazardous situation. The occupation of sleep was impacted upon if beds were an incorrect length or had a footboard. Sleeping posture was compromised causing a threat to physical well-being. Strategies to assist included buying longer and bigger furniture, adapting the home environment and for a participant (6ft 9in/2.06m) in Phase II, buying a bigger house to accommodate bigger furniture. All these strategies had additional financial outlay for participants.

An idiosyncratic sub-ordinate theme arose in Phase I of the study, when a participant discussed how the physical environment could be considered to dis-able him. This perspective was shared in the narrative of a participant in Phase II. The difficulty in fitting into the world not built for the taller person required regular adaptation and compromise, and in some cases avoidance of the occupation altogether. Hence from a Social Model of

Disability (Oliver 2013) perspective, the two participants considered that very tall/extremely tall stature could be viewed by some as a disability.

Both phases of the study considered the occupation of shopping. The taller consumer could buy most items but these usually required an on-line purchase, hence restricting the form of the occupation. Some items were not available at all, for example ski wear and maternity wear, and there was a reduction in occupational choice for other items, limiting occupational engagement. Items were purchased that did not correctly fit, causing in some cases accidents and injuries. For example, a participant in Phase I received a knee injury snowboarding with shoes that were too small and a participant in Phase II broke skis provided to him that were too short.

Shopping for clothes required adaption by female participants in both studies. At times female participants had to buy male garments and shoes particularly for some leisure activities such as hiking. Buying standard length items such as dresses, became tunics due to not fitting the purpose they were designed for. For all participants buying taller clothes and bigger shoes resulted in a greater expense and less choice. Participants at times needed to buy items in sales due to the cost incurred. Some participants found that last minute purchases for events were not possible due to restricted availability. Male participants were at times frustrated that items for the taller male were often wider also. The importance of a good fit with clothing items was highlighted in the study as essential to enhance self-esteem.

## **6.4 Summary**

The chapter has demonstrated how findings from Phase II compliment and develop those of Phase I in relation to how participants felt about their stature. The strategy of the Tall Zone to assist social and psychological well-being was interpreted in Phase I and extended in Phase II of the study. Standing Out was experienced as part of everyday life for all participants, and reactions of others were accentuated towards the taller participants in Phase II. Playing to Strengths was a strategy interpreted in Phase I and utilised by participants in both phases of the study. The challenges of fitting into an average height physical, built environment caused the need for compromise and adaptation by participants. The concept of being potentially dis-abled by such an environment was

uncovered in Phase I and also discussed in Phase II. The following chapter will enable a discussion of findings to occur in relation to the wider literature before suggesting potential value and implications for wider consideration.

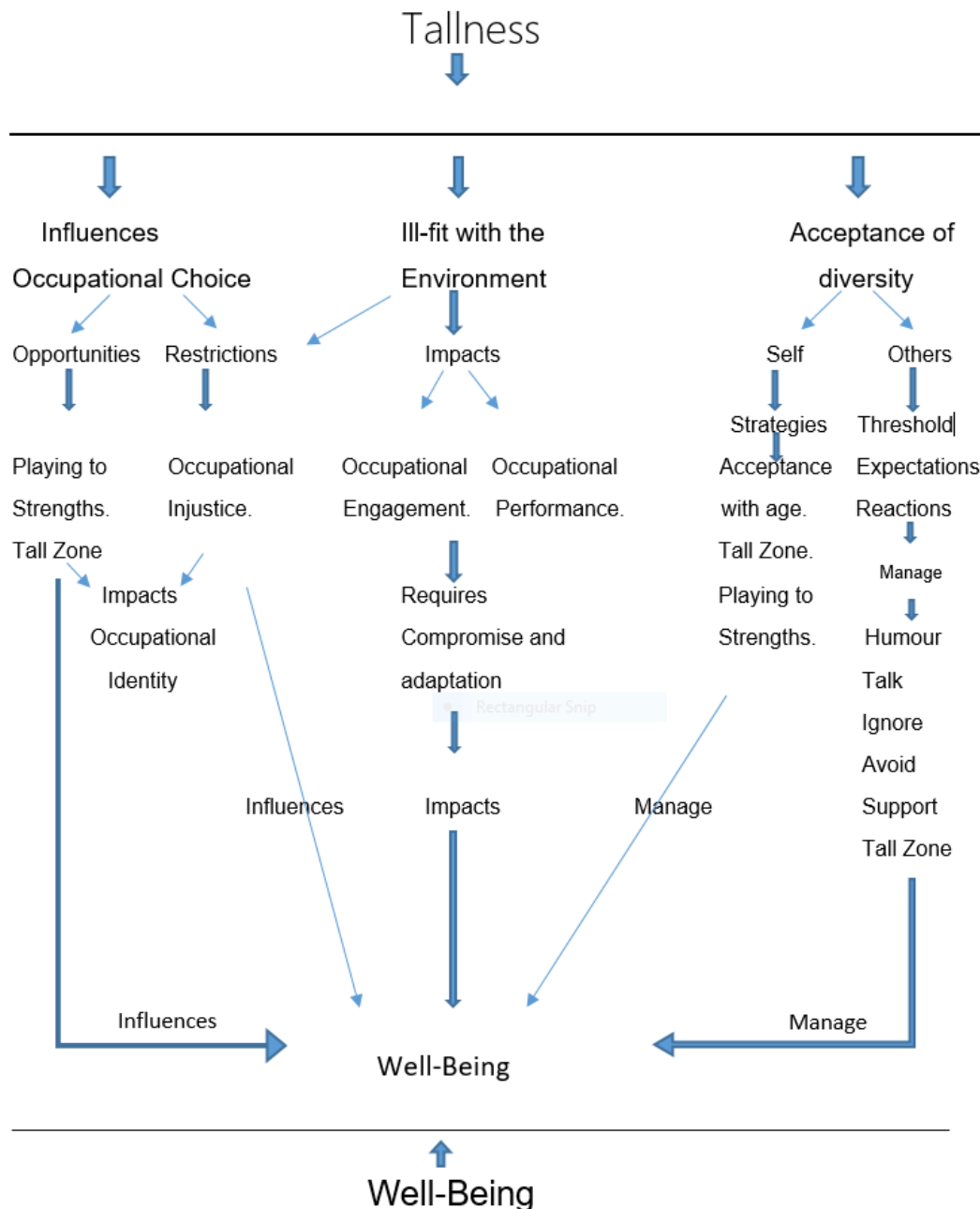
## Chapter 7: Discussion

This research study aimed to explore the occupational narratives of very tall and extremely tall UK young adults, in relation to how they managed their everyday life and well-being. A key theory that emerged from the findings of the study was that tallness influenced occupational choice of participants, which in turn impacted upon their occupational identity. A second theory evolved from the discovery that some participants experienced restriction of occupational choice due to a lack of 'fit' between the physical, built environment, some social environments, and their atypical stature. This lack of fit with the environment subsequently impacted upon occupational engagement and performance. Living with diversity of height in terms of tallness was thus interpreted to be a combination of challenging and positive experiences, requiring strategies, which influenced the four elements of well-being addressed in the study: physical, social, psychological and financial well-being. The study also highlighted that occupational choice, engagement and performance were connected to well-being, resonating with the philosophy of occupational therapy (College of Occupational Therapists (COT) 2015, World Federation of Occupational Therapists (WFOT) 2012), which is the professional background of the researcher.

The final key theory from the study involved acceptance of diverse stature, from the perspective of the participants and others in society. A threshold of acceptance was discovered, through the thoughts shared by participants and behaviours exhibited by others. Strategies to help with acceptance and to manage diversity of stature were key to enhancing well-being for the very tall and extremely tall participants.

Figure 4 shows the development of knowledge to have emerged from the study. Each theory will be discussed in turn, linking the findings of the study with the study objectives and with related literature. Appendix 17 (page 296) additionally provides a comprehensive summary of the mapping of aims and objectives to the study findings. The key theories from the study are discussed in turn. Implications for Practice and recommendations from the study are subsequently provided. The discussion chapter then addresses limitations of the study, prior to suggesting areas for further research.

Figure 4: Tall Matters: Relating to everyday occupations and well-being



## 7.1 Tall Stature Influences Choice of Occupation

A key finding of the present study was that tallness influenced the choice of some occupations engaged in by participants. The influence of tallness on occupational choice subsequently enhanced social well-being through gaining a collective identity when participating in occupations (such as team sports) with others, and a sense of belonging, by doing occupations with others (Hitch et al 2014). Doing on occupation, encourages a



person to 'be', to express the essence of themselves (Wilcock 2006), for example to be a netball player, which helps a person 'to become', to develop, which subsequently impacts on individual and occupational identity. As Christiansen (1999) and others (Jonsson 2008, Taylor and Kay 2015) noted, individual identities are linked to what people engage in, and how such actions are interpreted in the context of the relationship with others. Identities give rise to life meaning and in turn promote well-being and life satisfaction (Christiansen 1999, Karas and Cieciuch 2018)..

All of the present study participants indicated that having a diverse stature was particularly challenging during childhood and adolescence, with the majority making occupational choices that would encourage acceptance of their tall stature by others. These actions promoted opportunities to gain competence in occupations positively associated with tallness, which peers would witness. Such a competence would enable a sense of industry to occur for the tall young person, as highlighted in Erikson's Psychosocial Stage of Development for children aged five to twelve years (Erikson and Erikson 1997). It was noted in the present study that when participating in occupations of their choice for which tallness was an advantage, participants performed well, gained occupational competence and ultimately occupational adaptation (Kielhofner 2008).

Participants talked about being approached to engage in certain sport related occupations as children and adolescents, as others saw the potential for a successful outcome for the sporting group. This positive meaning associated with the occupations had the potential to enhance social worthiness for participants (Roberts and Banningan 2018), and a sense of fulfilment through contribution. The occupational choices made by participants enabled them to develop positive occupational roles which would assist with fidelity, as outlined in Erikson's Psychosocial stage of development linked to adolescence (Erikson and Erikson 1997). Making occupational choices to optimise the use for tallness, could therefore be seen to promote healthy psychological and social development.

Occupational choices were made by participants as adults as well as in childhood, to engage in certain occupations that were perceived by society to be compatible with tallness. It could therefore be suggested that co-construction of personal identity was occurring, as identity was being developed under the influence of a social and cultural environment (Taylor and Kay 2015), which expressed certain expectations of the very tall and extremely

tall. This, in turn had the potential to cause tension for the tall individual when choices were made to meet societal expectations (Asaba and Jackson 2011). Some participants certainly expressed choosing occupations, not through their own desires, but to meet the requests of others.

However, when considering the study aim of managing everyday life and well-being, from a social identity perspective, many participants were using a strategy of playing to the strengths of their height, by choosing to engage in occupations that not only helped them to feel positive about their diverse height, but also gave justification to others for their tallness. Carefully chosen occupations (such as sport occupations) highlighted their value within the community (Wilcock, 2006), which in turn had the potential to positively influence well-being (Hammell 2014). The group sports occupations also introduced the opportunity to be around other tall people, helping to develop a tall zone, and hence provided an additional strategy for belonging (Thomas et al 2017). It could be perceived therefore that choosing and engaging in certain occupations provided a doorway in terms of social acceptance, identity and belonging (Christiansen 1999, McLeod 2008).

When entering the world of work, participants had chosen occupations with authoritative roles. Expectations placed on many of them as children to take on leadership roles due to their height, had given them the confidence to continue this into adulthood. All had been, or were going through higher education, supporting the research which suggests that tallness brings additional educational and work opportunities (Persico, Postlewaite and Silverman 2004, Case and Paxson 2008). Within these opportunities some participants chose to take self-employment work roles, and others took on professional vocations which had brought forth authority in decision making to assist others. The connection between tallness and authoritative work roles has been previously researched (Murray and Schmitz 2011, Blaker et al 2013). Judge and Cable (2004) emphasized an authority role potential, as tall people appeared to be well-placed to take on positions which involved working with, influencing and encouraging others. Many in society already physically looked up to tall people, and this behaviour would likely instil confidence and responsibility in the taller worker. The work experiences and vocation choices of participants in the current study supported this view.

When choosing paid occupations and leisure occupations, some reduction of choice had occurred due to participants being too tall to fit into spaces required to engage. This could be argued as a form of occupational injustice (Stadnyk, Townsend and Wilcock 2014) such as occupational deprivation (Whiteford, 2014), due to the ergonomic restrictions imposed by the occupations, and role specifications, which were out of the control of the very tall and extremely tall person. Occupational justice identifies the rights for all people in society to be able to engage in everyday occupations (Nilsson and Townsend 2010), yet role specifications and the physical environment had precluded some in the present study from accessing occupations. Socially determined criteria and structure thus can deprive those of a very tall and extremely tall stature from occupational engagement. This is an innovative finding and meets one of the study objectives. It adds to the body of knowledge on occupational deprivation and injustice, which has previously highlighted how work structures can cause occupational deprivation for people with disabilities (Hocking 2012). Diversity of height is not currently listed as a protected characteristic in the Equality Act 2010, part 2, chapter 1, section 4 and hence the unsuitable physical workplace environment, and specific work role requirements cannot be viewed under the Act to be limiting opportunity for those with very tall stature. Based on the findings of this study, it is evident that experiences of those with extreme tallness of height experience similar societal alienation as those with different protected characteristics, and therefore it is recommended that height be included in future equality legislation.

Hitch et al (2014) outline the importance of having choice over occupation as it informs the concept of being; who a person is, which is developed through occupation (Watson and Fourie 2004). Occupational choice influences well-being (Kristensen and Peterson 2016) and therefore to have agency and choice over occupation curtailed for reasons outside the control of a person, is likely to negatively impact on sense of self and psychological well-being.

## **7.2 Tallness and the ill-fit of the Physical, Built and Social Environment**

A key theory from the study, as shown in the middle column of figure 4, was the ill-fit of the everyday environment for those with a very tall and extremely tall stature. This resonates

with previous accounts provided by Torre, Bailey and Epstein (2011), Lochner (2016) and Kulish (2018). Within the present study, adopting the strategy of slouching to alter one's posture and height was used to try to fit into social environments, when surrounded by shorter people, and the physical, built environment in a world made for a more average height person. Slouching can be a predisposition to lower back pain (Snijders et al 2008) thus potentially impacting on physical well-being. The majority of participants in the present study experienced back pain, because they had to compromise their posture to fit into their environments and engage in occupations. Adaptive strategies that do not lead to compromise of stature were used whenever possible by participants in the present study, such as sitting instead of standing.

In everyday life, participants were required to adopt strategies such as poor sitting postures to compromise for their ill-fitting surroundings, adding to physical well-being problems. All participants, for example, were unable to obtain a good sitting posture on airplanes, unless they paid for more leg room. This raises potential concerns regarding physical well-being, due to seated immobility on air flights and the potential risk of deep vein thrombosis (DVT), particularly if cramped conditions exacerbate the seated immobility (Bagshaw 2001). Adi, Bayliss and Taylor (2004) however argue that definitive evidence is lacking for a correlation between air travel and increase in risk of DVT. There has been a request for changes in air travel to accommodate the taller traveller, but this has been unsuccessful (Riley 2013 cited in Lochner 2016).

Inadequate head rests in seating and height of travel vehicles such as airplanes, and top decks of buses caused additional problems for the tallest participants who needed to alter their posture to fit in. It has been discovered that taller people are susceptible to musculoskeletal problems due to possessing a longer frame (Lochner 2016) and the addition of poor sitting and standing postures would likely exacerbate these. Doorway frames are at a height of 6ft 5in/1.96m (Door Store n.d.) meaning that all of the extremely tall male participants would need to bend at the neck and upper back many times during a day to negotiate these.

Problems engaging in everyday occupations extended beyond the physical, built environment, to include difficulties gaining a good fit with objects used within occupations. Hocking (1997) explains how human skills and competencies develop through the

interaction of objects that constitute the form of occupations. This enables people to fulfil roles, which in turn creates a feeling of satisfaction (Hocking 1997). Hocking (1997) considers that when objects do not fit ergonomically to the person engaging in the occupation, this can increase stress, impacting on psychological well-being, and reduced occupational performance. Dallman and Triplett (2020) agree that emotions are entwined with occupational performance, as both a driver to perform and as an outcome of that performance. The present study substantiated the link through experiences shared by the tallest participants in Phase II of the study who felt they did not belong in the world. The majority of objects they encountered in daily occupations did not fit their stature, and the physical environment generally was more attuned to an average height adult, which together impacted on participants' occupational performance and engagement. This in turn had the potential to evoke a feeling of alienation, as described by Freund (2001), both in relation to the space being occupied and also negative feelings about one's own body structure.

For some participants the problem with the ill-fit of objects and the physical environment, was perceived to dis-able, as considered through the Social Model of Disability (Oliver, 1990, Oliver 2013). Participants needed to regularly adapt either themselves through their standing or sitting posture, or adapt their environment to accommodate their taller frame. Their stories resonate with a depiction provided by Finkelstein (1975), who shared the perspective of how the world was designed in a way that accommodated only a set criteria of people, and thus disabled others. The physical, built environment in the UK has been designed to accommodate ergonomically the average height person (Pritchard 2014). The Social Model of Disability (Oliver (1990) considers the construction of disability and includes social causes of disability. Hence, within the Social Model of Disability, there is a re-focus on disability by incorporating the barriers and limitations afforded by society rather than solely focusing on the impairment of the individual, which could be argued as the remit of the Medical Model.

Using the International Classification of Functioning, Disability and Health (ICF) (World Health Organisation (WHO) 2002) as a framework, it could be suggested that extreme height in terms of tallness may be an impairment due to a very tall body structure, which together with challenging environmental factors, results in the very tall adult potentially perceiving

that his/her stature is a hidden disability. The ICF (WHO 2002) pertains to amalgamate the Medical Model and Social Model of Disability to show how an impairment coupled with environmental factors could impact on function. Certainly, within the study all participants found they had to adapt everyday activities to enable occupational participation and to enhance occupational performance opportunities due to environmental challenges. It could be suggested that the physical environmental restrictions encountered caused activity limitations (WHO 2002) which subsequently required problem solving on behalf of the participants.

One of the study objectives was to consider any impact on occupational engagement and performance in everyday life. Due to the ill-fit of objects within occupations, occupational engagement and occupational performance were often affected for study participants. Reduced occupational performance, because of ill-fitting objects within the occupations of skiing and snowboarding, caused physical injury to participants and the threat to future occupational engagement. Occupational performance was impacted upon when participants experienced the ill-fit of furniture in occupations when studying in a lecture theatre with fixed seating, or working out at a gym with equipment that was too short, or trying to eat at a restaurant when the table and chair fit did not accommodate their frame. Hocking (2000) considers how objects within occupations help to construct a sense of self and a social identity, for example by reflecting our identity or transforming it to a more ideal sense of self. Hence when participants in the present study experienced the ill-fit of objects it impacted on their identity as skiers, snowboarders, students, gym participants and friend/partner enjoying a meal out, with the potential to influence, in some cases, role development or occupational transformation (Hocking 2000) .

Hocking (2000) considers commodity-based selfhood, in relation to how identity can be based on consumerism; products and objects that are used or worn in daily life. When items do not fit, or are difficult to locate because they are bespoke for the taller consumer, then this has the potential to impact on how the tall person feels about him or herself. Objects have an affective component (Hocking 2000), and so items that are worn which do not fit well or provide an impression that was not sought, can have a negative impact on how the person wearing the items feels. Male and female participants struggled to find clothes and shoes to fit their stature and style, and were required to adapt and compensate.

The struggles to gain items and objects to fit experienced by the participants in the present study reflected those in the study by Farman (2010), and Firmin et al (2012) and the accounts provided by Torre, Bailey and Epstein (2011).

In addition to difficulties finding objects that would fit and reflect selfhood, the financial well-being of the taller consumer is at risk due to the higher cost of purchasing specialised and bespoke items in a world which caters for the average height shopper. Participants talked of having to save for specialised items that they needed to purchase due to the additional cost incurred. Participants often had to buy bigger items such as furniture, and cars, and one participant had to buy a bigger house to cater for the larger furniture. These strategies were adopted to enable participants to gain a better fit with objects within occupations, but had additional financial outlay, potentially impacting on financial well-being.

The study has highlighted the problems facing the very tall and extremely tall young adult in relation to accessing a physical and built world that is not designed for their stature. It could be argued that participants were experiencing discrimination from the physical built environment due to the challenges faced when engaging in everyday life. It is likely that to engage in occupations, there would be a greater financial outlay which is unfair, and has the potential to be detrimental to financial well-being. There are ramifications on physical well-being, due to the need to compromise and adapt to engage in and perform occupations. These limitations and the need for compromise and adaptation suggest that through the lens of the Social Model of Disability, the environment is disabling the very tall and extremely tall young person. Pritchard (2014) suggests a possible solution through the implementation of the Universal Design principle, where all in society are accommodated within the built, physical environment. This brings forth problems from an economic perspective as it would require a move away from mass production for the average.

### **7.3 Acceptance of Diversity**

To gain a sense of psychological well-being, participants were asked how they felt about their tall stature. All participants celebrated tallness and appreciated the societal

perception that tall height was a positive attribute. Tallness had brought opportunity to succeed in both productivity and leisure occupations. Greater authority had been granted to participants in the workplace, and opportunities afforded to them specifically as taller workers. This resonates with previous research suggesting that tallness provides an advantage in relation to gaining positions of leadership (Murray and Schmitz 2011, Blaker et al 2013), and that tallness is associated with personal and professional success (Persico, Postlewaite and Silverman 2004). Success with leisure occupations of team sports stereotypically associated with tallness, such as basketball and netball, had enabled participants to affirm a positive view of tallness to themselves and to others. Such affirmation relating to particular sports and tall stature is reiterated in non-academic literature (Powell and Archbold 2014, Griner and Hovey 2014, Keith-Spiegel 2019).

### **7.3.1 Threshold of acceptance concerning tallness**

Whilst most participants enjoyed their tall stature as adults, many reflected a wish to be smaller than their current height (6ft 4in/1.93m and 6ft 5in/1.96m preferred by most men, and between 5ft 10in/1.78m and 6ft/1.83m being the ideal height for the women), remaining tall but not so tall. These preferred heights would enable participants to engage in everyday occupations more easily, negotiating their social and physical, built world with a little more ease, and access objects for occupations that would enable a better fit. In addition, participants felt their preferred heights would raise less comments from others. This was a key finding in the study and relates to previous research which suggests that there is a threshold in terms of the degree of tallness that is accepted and supported by society (Binder et al 1997). In addition, the preferred heights of participants in the present study match predicted final adult heights that trigger height-reducing intervention by paediatric endocrinologists (Lever et al 2007, Benyi et al 2010). Again, this reinforces the view that whilst tallness is seen as a positive in society, this exists to a certain level of tallness. The literature and the present study findings therefore suggest that there may be an invisible boundary to height acceptance by others and for ease of management in everyday life for those who are taller than the average UK height.

Concerns articulated by participants at being on the highest percentile for height included a belief by male participants in Phase II of the study that their height was unattractive to the opposite sex, although some men in both phases of the study had received feedback that



this was not so. Research by Stulp et al (2013) supports the societal perspective that tallness in a male remains a desirable attribute for a potential intimate relationship, although details of specific tall male heights are not detailed in the study. Very tall and extremely tall women in both phases of the present study also believed their own height to be off-putting to others, as their atypical stature was not the societal expectation of female height. They believed their stature made them seem intimidating to people shorter than themselves, particularly men. This resonates with research carried out by Firmin et al (2012), who discovered that tall women in their study felt their height to be socially off-putting to others. The pool of potential male suitors for the women in both the present study and the studies by Farman (2010) and Firmin et al (2012) was subsequently highlighted to be small and thus problematic.

### **7.3.2 Striving for a sense of belonging**

Objectives in both phases of the study were concerned with how participants managed their psychological and social well-being, and an additional objective in Phase II considered management of diversity of extremely tall stature. Participants in the present study used a number of negative terms to discuss their body stature, such as “gangly”, “inconvenient”, “way too tall” and “awkward”, implying a somewhat negative view of their body image. Discussing one’s self in a depreciative manner acknowledged the challenge of trying to fit into a world made for the average height person.

Body image is connected to self-esteem (Tiggemann 2015), so how one feels about one’s body can influence generally how one feels about one’s self. If a negative body image is prevalent, then this can lead to reduced self-esteem, impact on self-confidence (Tiggemann 2015), and ultimately influence psychological well-being (Tylka 2018). Male and female study participants held a negative body image in teenage years which they attributed to standing out and being different from others within their social settings. When considering the psychosocial stages of development of personality by Erikson (Erikson and Erikson 1997), the teenage years would bring forth the need for belonging, as well as developing a sense of self and identity. It could be said that some participants consequently experienced a negative impact on their social well-being, through discriminatory behaviour of bullying by others. As participants moved into young adulthood some retained a negative perception of their body image, which resonates with the findings uncovered by Bruinsma et al (2006).

Tylka (2018) suggests that feelings relating to one's body image can fluctuate from a negative stance, to a neutral feeling, where the body is tolerated, and then to a positive body image which includes an appreciation and acceptance of the body. Some participants in the study demonstrated such a fluctuation, in relation to tall stature, commencing with a more negative body image through teenage years, with some movement to a neutral and then positive body image, as adulthood brought the realisation that the tallness was permanent. The very tall women in Farman's (2010) study also expressed greater acceptance of their stature over time. As adults, most participants in the present study adopted the perspective of 'making the best of it' as they had very limited potential to manipulate their height. This was seen to enhance psychological well-being.

However, awkwardness of body stature was a feeling that prevailed in adulthood for some of the participants in the present study. This was accentuated by engaging in occupations such as dancing, walking around in crowded places and standing in large social events. Physical well-being was negatively impacted upon through poor postural strategies adopted in sitting and standing by participants attempting to reduce their stature slightly, to fit in a little easier with a group of smaller people. An additional strategy of avoidance of standing-related occupations was adopted by some to enhance psychological well-being. The research data revealed that if the very tall/extremely tall were standing with other people of similar heights, awkward feelings were reduced, and so it could be argued that negative feelings were evoked in height comparison to smaller others.

### ***7.3.2.i The Tall Zone: a key strategy to enhance belonging and well-being***

Associating with others of a similar tall stature, brings forth the concept of the Tall Zone. This was a key finding of the study, and was a strategy utilised by the participants, to gain comfort from being physically around other tall people in a society where they literally stood out. Reassurance was gained, not only in the knowledge that experiences may be similar, but also that stature was similar, reducing the 'odd one out' feeling. Others advocate the importance of friendships between tall people, (Heinrichy 2008, Cohen 2009, Keith-Spiegel 2019) to give a sense of commonality and mutual understanding. The differing levels of the Tall Zone that emerged from the study, demonstrated how participants embraced the opportunity for relationships and encounters with other tall people in different spheres of their personal and community life. Choosing an occupation that would

bring a tall person into contact with other tall people provided an example of how the interactive order of the world (Jenkins 2004) could influence a sense of social well-being and belonging.

In addition, the benefits of the Tall Zone resonate with Bronfenbrenner's Ecological Theory (Bronfenbrenner 1977) and subsequent Bio-ecological Model (Bronfenbrenner and Ceci 1994). A framework is proposed that considers the development of children through their relationship with initially the immediate family unit, extending out to learning environments and then beyond into the community around them (Bronfenbrenner and Morris 2006). These different systems of support and influence (Bronfenbrenner and Morris 2006) hold similarities to how the levels of the Tall Zone, from Intimate Zone to Social Stranger Zone can support and impact on the well-being of the young very tall/extremely tall adult.

Securing levels of Tall Zone over the years assisted in participants feeling more comfortable in themselves. Whilst some levels were naturally available through tall family members, participants engineered additional levels of Tall Zone through occupational choices they made. In addition, there was a tendency among participants to develop an intimate Tall Zone with a partner who was also tall. This seemed to be a strategy to enhance a positive body image, an increased level of self-esteem and a feeling of belonging. This would be important as participants entered the young adult psychosexual stage of development (Erikson and Erikson 1997) of intimacy versus isolation. The majority of the female participants felt a sense of belonging and self-acceptance (feeling "more normal") when in a partnership with a taller male. This would ensure they were fitting into the traditional stereotypical view of gender expectations and height in intimate heterosexual relationships, which remains in society (Stulp et al 2013, Yancey and Emerson 2016).

The findings of the present study have highlighted that very tall and extremely tall young adults may or may not be comfortable with their height. They may adopt strategies to help them to feel more at ease with their body image, such as making occupational choices that bring them into contact with other tall people, whilst avoiding certain occupations that provide a sense of awkwardness through standing out in a social environment. The permanency of height brought forth the strategy of 'making the best of it' in terms of accepting one's own tall stature, however poor postures were often adopted to enable a greater sense of fitting into shorter social landscapes. Whilst tallness is generally seen as a

positive in society, it is important to not assume that every person with very tall or extremely tall stature will see their diversity of stature in that way. Within the study, height and feelings about height brought forth the concept of identity both from an individual and collective perspective.

### **7.3.3 Tallness and Identity**

The human body is part of the individuality of people as well as bringing a similarity with others (Mead 1934, cited in Jenkins 2004). When the tallness is such that it engenders more of an individuality than a similarity, it can bring a uniqueness which informs personal identity. The uniqueness can be memorable and positive, but can also bring a difference which may be a challenge to manage. Some male participants did share positive experiences; height gave one an almost celebratory status in his day-to-day life, and another found that the uniqueness made him memorable when going for acting auditions. However, many participants found it a challenge to accept that their height would impact on their personal, individual identity from the viewpoint of others.

When identity is viewed from a sociological perspective then individual identity is considered to be socially and culturally constructed (Christiansen 1999, Jenkins 2004). Jenkins (2004) further proposes that identity is linked to identification. A person can be identified by self and others in terms of tangible aspects such as body stature, personality traits, views and beliefs, and also the behaviour exhibited in a social setting. For people who are very tall and extremely tall, height will naturally be a form of identification and identity placed upon them. This can cause some concern, as seen by participants in the present study, if it over-shadows other aspects of self that the person wishes to be known for. Many participants accepted that tallness was part of their personhood, in terms of their outer face of individual identity which interacted with others (Jenkins 2004). They acknowledged that others would see tallness as part of the participants' identity, as it was a very obvious physical aspect of the participants. However, on a selfhood level (more intra-related identity) (Jenkins 2004) participants did not view tallness as part of their identity or felt it was a small part of their identity. Some participants forgot they were tall until reminded by others, through activities such as taking group photographs, and by difficulties encountered in the built environment.

In answer to the study objectives relating to whether tall stature influenced identity, tallness defined the study participants in terms of identification and identity from the perspective of others. This brought a sense of frustration to the very tall and extremely tall young people in the study who wished to be known for other aspects of themselves. Feelings of disempowerment were also interpreted to be present for some, as participants could not change the situation, due to height being a permanent feature. Participants tried to remedy the feeling of disempowerment by adopting strategies to control how conversations were managed about their height. For example, in comedy-related occupation, one participant included the topic of his height in his comedy performance, to manage reaction and perspective relating to his tallness. This strategy can also be seen with other very tall comedians (Hart 2012, Merchant 2011) who give the impression of agency by highlighting their height early into their repertoire.

Engagement in impression management strategies (Goffman 1969, Elliott and Lemert 2013), to draw attention to the performance aspects of identity, can be used to influence identification and hence identity. This was a strategy embraced by participants and they talked of how they presented themselves, for example, as kind, or as humorous, to emphasize other aspects of their identity over tallness. It could be interpreted that some participants were taking steps to shape their personhood (identity as viewed by others), which indicates that identity can be seen as a process as outlined by Jenkins (2004). If identity is considered as a process, then the 'being' of an individual can move into a 'becoming' through interaction within the social environment, and engagement in occupation (Wilcock 2006, Hitch et al 2014).

The sociological perspective on identity additionally considers the collective or social identity. Collective identity involves a group of people who share commonality, which can promote influence on individual behaviour and perspective (Jenkins 2004). Society is said to be situated categorically and organised by inequities of power and resources (Jenkins 2004), indicating that individuals naturally gravitate towards belonging to a group (which provides a category) and preferably a group seen to be positive, popular and successful. It could be that by playing to the strengths of their height and choosing occupations stereotypically associated with tallness, participants were opting into groups, such as sporting teams, for which they would gain a positive social identity. Being part of a sports team has been

shown to enhance social identification, and a feeling of belonging (Thomas et al 2017). Choosing occupations stereotypically associated with tallness therefore provided an opportunity for participants to gain a positive social identity. However, such occupations would also influence their personal identity as highlighted by Roberts and Bannigan (2018), which in turn would reinforce the connection of height to personal identity.

Caldwell, Clark and Meldrum (1996) suggest that in relation to social identity, there are three central aspects to be considered, categorisation, social comparison and self-esteem. The latter is how people see themselves compared to how others see them. Two groups particularly influence this, the peer group, and the reference group who set the social norms which others try to emulate. Tall people forming a group with other tall people may do so to make positive comparisons and contributions, and hence enhance self-esteem. A number of groups specifically formed for tall people offer support and friendship. Examples of such groups include the Tall Persons Club (TPC) of GB and Ireland founded by Phil Heinrich in August 1991 (Heinrich 2008) whose members regularly meet for social events, and the Tall Clubs International (tall.org 2020) which is an on-line support group available through a social media platform. Being a collective with people of similar stature and experiences can affirm a positive social identity, which in turn may enhance self-esteem. Cohen (2009) shares her positive experiences of being at tall club events which are transient, having a lasting positive impact on how she feels, long after the events are over. Caldwell, Clark and Meldrum (1996) suggest that it is important for the in-group to view themselves positively as compared to their view of the out-group, which could be other social groups in society. It is positive when members of the in-group are successful as this has an impact on other members of that group.

All participants in the present study articulated the value of being part of groups within their everyday lives. Many joined groups where they would engage in an occupation likely to be of interest to other tall people, such as basketball and netball sporting clubs. Only one participant had engaged in events within a social club specifically organised for tall people. When considering this perspective and tall social clubs, these groups can be seen to be unusual, as the focus is nebulous. A sporting club however has a tangible occupation, such as basketball or netball; this is the focus, not height per se. Gaining a social identity through a sports club such as a basketball club was desirable by the majority of participants, as these

groups were seen to be more typical in society. Choice of leisure and social occupation hence can be influenced by the desire to gain a belonging, to be connected with others (Wilcock 2007, Hitch, Pepin and Stagnitti 2014), and thus gain a collective identity that will promote positive social evaluation and collective self-esteem (Jenkins 2004).

The majority of the participants did not see the value of a tall social club, except as a support for tall teenagers perhaps when struggles with body image were at their peak. The recognition that tall teenagers may need some support can be seen through literature (Keith-Spiegel 2019) and film (Stewart 2019), with the latter firstly highlighting the many issues a tall teenage girl can face, but through support of shorter friends acceptance of height is finally reached. Shorter friends were supportive of participants in the present study, particularly when witnessing unpleasant comments or behaviour directed at their tall friends. Shorter friends were therefore an important support to enhance a feeling of belonging in a society where diversity of height was a challenge. Whilst groups specifically formed for tall people were not accessed by most participants, all of the young adults in the study were part of and created levels of the Tall Zone and therefore had tall people in their lives. The literature similarly highlights the positives for extremely tall people, when alongside others of a similar stature. The study by Firmin et al (2012) highlighted a sense of unity and affiliation amongst tall young women. Similarly, Torre, Bailey and Epstein (2011) articulated a community of belonging amongst ex-basketball players.

The findings from the present study uncovered that those with very tall and extremely tall stature may not wish to be identified by others through their height. Whilst they acknowledged that their tall stature influenced their personal identity, they adopted strategies to try to promote other elements of themselves. It is recommended that people look beyond the obvious and seek out other aspects of the tall person's identity that they wish to be identified by. Occupational choices may be made by the very tall/extremely tall young adult to enable a collective identity within a group, which will enhance a sense of belonging (Hitch et al 2014) and acceptance. This is a strategy to manage in a society that exhibits expectations and reactions associated with stereotypical thinking and tallness.

### **7.3.4 Strategies for Managing Expectations and Reactions of Others**

Thoughts within a society about a group tend to be considered as stereotypical thinking and will often persist, even if not substantiated (Hallawell and Brittle 1995). Participants of the

present study received reactions from others which indicated they were viewed as members of a very tall/extremely tall category, and so were grouped together. Participants all experienced stereotypical dialogue from others who felt that they would be good at certain occupations due to their tallness, such as basketball and netball as mentioned previously. The majority of participants chose to engage in these social team occupations, thus accommodating and reinforcing such stereotypical thoughts in others. It could also be argued that by embracing the stereotypical view of the tall person in Western society, through engagement in occupations associated positively with tall height, the tall person reinforces the heuristic of representativeness. By the tall person choosing to engage in basketball to demonstrate the use of tallness, this additionally reinforces societal expectation and memory of other tall people playing basketball and so the stereotype is reinforced (Caldwell, Clark and Meldrum 1996). Social categorisation is another way to encode social information and the prototype of a basketball player would include tall stature. The participants in the present study were reinforcing this prototype.

Participants in their everyday occupations of work, were given specific tasks to do because they were tall, for example one participant, who worked in law enforcement, was sent into potential volatile situations to defuse these because of his height. Research has demonstrated how tallness commands a presence (Boyson, Pryor and Butler 1999, Lindeman and Sundvik 2004) and this was identified within the data by both female and male participants. Participants were given greater prestige because of their height, in terms of being listened to above others in work environments. Such a narrative can be helpful in shaping a positive self-perception and thus, similar to Firmin et al (2012) adding evidence to the development of a positive model of self-perception. Most participants felt the weight of expectation from others due to their tallness, particularly in relation to authority, when children and in adulthood, and had accepted it. They found it to be a positive attribute to tallness. The very tall female participants in the study by Farman (2010) also experienced additional authority and respect due to their height and celebrated this as a positive association to their height.

Some participants however, in the present study, rejected the stereotypical suggestions and expectations of others; as a way of gaining autonomy over how they accommodated their height into their everyday lives. Height itself could not be controlled, but the way it was



managed by the tall participant could. Occupational choices were made by some to not engage with occupations positively associated with tallness; a strategy which others have tried but not always succeeded with, due to influence and persuasion of others (Torre, Bailey and Epstein 2011).

It could be suggested that Western society has in the recent past harboured unconscious ideologies about what is acceptable in terms of body height. Pre-adolescent and adolescent tall young people have undergone medical (Cohen and Cosgrove 2009) and surgical intervention (Odink et al 2006, Benyi et al 2010) to reduce their predicted overall very tall and extremely tall height in an effort to enable them to feel accepted in society from a psychosocial perspective (Cohen and Cosgrove 2009). As mentioned previously, those predicted with adult final heights over 6ft 4in/1.93m and 6ft 5in/1.96m in men, and over 6ft/1.83m women trigger consideration of medical intervention. Wolfensberger (1972) suggests that unconscious ideologies can be powerful in influencing thoughts and behaviour. This would certainly seem to resonate when concerned parents agree to hormone or surgical intervention to ensure their tall offspring can be a height that is socially acceptable. So, whilst Louhiala (2009) intimates that society is becoming more accepting of tall height variance, it would appear that this is true up to an invisible boundary of acceptance. Past this boundary, participants in the present study have experienced a number of challenging attitudinal environments (WHO 2002), because they 'stand out', with a subsequent risk to physical well-being (getting into fights) and psychological well-being (feeling upset about comments made and inappropriate sexually-related behaviour).

Wolfensberger (1972) suggests that stigma arises through the dichotomy of what is accepted at a societal level and on a personal level. The majority of participants in the study found comments made about their height to be frustrating, irritating and sometimes upsetting; with a negative influence on psychological well-being. Other research supports this experience (Binder et al 1997, Lever et al 2007) particularly for women who are very tall. It could be suggested that there is a stigma attached to being very tall as the shape is seen to be deviant of the typical (Vilhjalmsson, Kristjansdottir and Ward 2012).

Experiencing stigma is a negative experience as people are being labelled as not typical; in this scenario because of their height. This could result in 'participation restrictions' due to

‘social or attitudinal environment factors’ (WHO 2002) and had been experienced by two of the extremely tall female participants, who avoided certain occupations.

Some participants shared negative experiences of being very tall and extremely tall, as they received discriminatory reactions and behaviours from others in society. Fuelled by negative stereotypical and prejudiced thoughts, discriminatory behaviour of others to the participants included name calling, bullying, sexual assault and physical violence. Others who have extremely tall stature have experienced discrimination due to the diversity of their height. One such example, articulated by a national celebratory on mainstream television, was provided by Peter Crouch, a 6ft 7in/2.01m professional footballer, who talked of his experiences (A Royal Team Talk, Tackling Mental Health, 2019) regarding offensive reactions of others, which impacted on his mental well-being. Crouch (A Royal Team Talk, Tackling Mental Health, 2019) explained how he had to adopt the strategy of trying even harder in his profession of football to show excellent skills and team playing, to be accepted by football crowds due to his atypical height. Previously, a Bleacher Report of 2012 (Webster 2012) highlighted the positives of ten very tall football players from around the world but the language used both in the title of the report and within the content was discriminatory. Tall football players, including Crouch, were celebrated but also referred to using derogatory terms such as ‘ridiculously tall’ as a collective and ‘giant’, ‘colossal’, ‘monster’, ‘dangerous’, ‘goliath’, ‘lanky’ and ‘Godzilla’ to describe specific players (Webster 2012). More recently, during the final game of the European Football Championship 2020, played on 11 July 2021, television commentators talked of the ‘giant’ stature of the Italian goal keeper Gianluigi Donnarumma (British Broadcasting Corporation (BBC) Sport 2021a) due to his height of 6ft 4in/1.93m, but discussed what an advantage it was to be such a tall height in his position in the game due to his reach. Subsequently he was named UEFA’s Player of the Tournament (BBC Sport 2021b). As mentioned previously, negative terms to describe body stature can impact on the self-esteem and psychological well-being of the person, or group of people being discussed, however the situation is complex as derogatory terms relating to tallness appear at times to be used to explain an advantage of tall stature. Height discrimination, or heightism, is typically associated with reactions from others towards people who are shorter than average (Nakamura 2006, Griffiths et al 2017). There seems to have been no reported previous consideration of height discrimination affecting

very tall people, but the present study findings suggest that heightism could apply to both extremes of height. There is an assumption that tall is synonymous with good, proud, intelligent (Kanazawa and Reyniers 2009) and successful (Persico, Postlewaite and Silverman 2004), but there seem to be limits to these accolades. As mentioned previously, those whose tall stature exceeds the accepted threshold of acceptance risk receiving discriminatory reactions. For example, those who are extremely tall and female do not fit the societal gender expectation, which can cause a negative reaction from others, as witnessed by female participants in the present study and in Farman's (2010) study. Research highlights that people who are tall and black, are seen by some as aggressive (Wilson, Rule and Hugenberg 2017, Hester and Gray 2018). This was the experience of one of the participants in the present study, who subsequently adopted a strategy of portraying a reserved nature, to try to reduce this stereotypical view.

How extremely tall participants managed potential reactions of others, was one of the study objectives. Participants talked about having to manage intrusive personal daily comments and conversations regarding their tall stature. A series of strategies were adopted by the participants to manage comments and reactions of others, including avoidance of certain social activities by some participants. Others used humour and effective communication skills to engage in dialogue to answer enquiring questions, whilst ignoring obviously offensive comments. These strategies are similar to those adopted by very tall ex-basketball players in the account given by Torre, Bailey and Epstein (2011). Support of other tall people also provided an effective strategy, for participants in the present study and those in the investigation by Torre, Bailey and Epstein (2011). Being alongside other tall people provided an opportunity to talk through experiences with people who may have empathy and guidance.

The participants in the present study were, however, extremely tall, particularly those in Phase II. They stood out from the typical tall height expectation and so caught the eye of those passing by. A concept known as change blindness occurs in our everyday lives when our visual perceptual skills fail to pick up small changes occurring in our visual landscape (Simons and Rensink 2005, Simons and Ambinder 2005). Hence, viewing people in a social landscape who are slightly different heights may not bring forth a conscious recognition by the viewer. When faced with an extremely tall person, however, in that social landscape,

change blindness may be inactivated as the tallness would dominate the visual scene (Simons and Rensink 2005, Simons and Ambinder 2005). Consequently, stereotypical thinking may be activated, resulting in either a negative or positive reaction to the height seen.

Extreme tallness is an unusual sight and, it may be that when faced with someone who had an extremely tall stature, with change blindness inactivated, an unconscious bias may occur with some shorter members of society (Dasgupta 2013, Jones 2020), due to the stature being 'out of the ordinary'. Unconscious bias is well documented in relation to weight bias (Brown and Stuart 2013, Tomiyama et al 2015). Obesity is an atypical body structure and often receives a negative societal response (Brandon and Pritchard 2011). Very tall and extremely tall stature crosses the boundary of expected tallness and is also an atypical body structure. The present study has highlighted frequent reactions from others in society, some of which have been negative and discriminatory and can have an impact on the well-being of the very tall and extremely tall young adult. This resonates with previous quantitative research by Lever et al (2007) who highlight some concerns from people with very tall stature in relation to reactions of others towards them. Choice of occupation has been influenced by tallness and societal stereotypical reactions to tall stature, and can be seen to be a strategy for managing the social environment.

## **7.4 Implications for practice**

The discussion chapter has considered the three main theories to emerge from the study, which are of relevance for occupational scientists, occupational therapists, those who have a very tall or extremely tall stature and their family and friends, and for society in general.

Tallness influences occupational choice, which can be a positive or challenging experience. Playing to strengths, by making occupational choices to engage in occupations for which tallness is seen to be an advantage, is a strategy embraced by the majority of the study participants to enhance a sense of well-being. Making such occupational choices can lead to an occupational identity that often fits the stereotypical view held by society for tall people. These discoveries are useful to occupational scientists who study aspects of occupation such as the meanings placed on certain occupations (Reed et al 2013) and the reasons for occupational choice (Parnell et al 2019). Occupational therapists working with service users

who have diverse stature in terms of tallness, can consider the evidence provided in the present study relating to occupational choice and subsequent occupational identity, when introducing occupational opportunities.

Engaging in everyday occupations in a world not built for the very tall and extremely tall person, can cause physical and financial well-being issues. Objects required to carry out everyday occupations include, furniture, transport and clothes and are mass produced for the average height person. Accessing and purchasing objects for occupations that fit the taller person are problematic and expensive, indicating a level of consumer discrimination. Restrictions on choice of occupations because the physical, built environment cannot accommodate the taller stature can result in occupational injustice due to deprivation of certain occupations. The link between these occupational risk factors and diversity of stature has not been addressed within the occupational science literature.

The taller person is likely to experience musculo-skeletal problems through having to adapt sitting and standing postures to try to fit into physical and social environments. Objects within occupations that do not fit well can also bring forth negative emotions, which can have a subsequent psychological impact. The poor fit of the environment, and ill-fitting objects within occupations are important factors for occupational therapists to consider when working with very tall and extremely tall young adults, as they are likely to impact on occupational engagement and performance and influence well-being. Whether the physical, built environment could ultimately be dis-abling for the very tall and extremely tall is dependent on personal perspective, but the present study shows how occupational engagement and performance has been influenced by a world not made for the taller person.

Acceptance of diversity, at the two levels of self and society, is complicated by connections with identity and expectations and reactions of others. UK young adults who have a very tall or extremely tall stature may have been on a journey of self-acceptance during their life, in relation to body stature and image. Society generally views tall stature as a positive attribute, symbolising authority and success, and so there is a contrast when tall people do not perhaps see their tallness in this way. The study has shown that tallness will influence the personal identity of the young adult, as identification is linked to identity. Tall people are identified by their height as it is a part of them immediately seen by others which can cause

some frustration to those who are tall, who wish to be known by other aspects of their persona.

The importance of self-acceptance is paramount to managing reactions of others. Whilst tallness is seen generally to be a positive concept, extreme tallness can cause reactions in others which could be viewed as discriminatory, as the atypical stature can trigger an unconscious bias. Managing the reactions of others is an everyday experience for the very tall/extremely tall young adult and can be exhausting emotionally. Strategies utilised in the study included ignoring comments, use of effective communication and humour to diffuse difficult situations, and gaining support from family and friends. It is important for all in society to be mindful of the potential impact on psychological and social well-being for very tall and extremely tall young adults, as they literally stand out from the majority in their everyday social environments. There may be some avoidance of certain social occupations, whilst other very tall and extremely tall young people may adapt everyday occupations in an attempt to fit in.

Negative experiences shared by those in the present study, suggest there may be a threshold to acceptance of diversity of height within the social and physical, built environment. Very tall and extremely tall women do not fit the societal stereotype for a female stature, and tall black men and women are often perceived to be aggressive. Very tall and extremely tall young people in the study adopted strategies to assist with managing feelings of atypical height, included embracing levels of the Tall Zone which offers support, guidance and empathy. Making occupational choices for which tallness is seen to be an advantage and use to self and others, enhances psychological and social well-being.

Strategies from the study are useful to share in the health care arena, as recommended by Lever et al (2007), to enable those who are guiding concerned parents and pre-adolescent tall children to look for alternative ways for managing expected final adult height of a very tall/extremely tall nature, rather than the medicalised or surgical route. The findings and strategies from the study are also of benefit to those working in education, health and social care with children, young people and adults who have an extremely tall stature. The recommendations provided below, summarise key points and strategies.

## 7.5 Summary and Recommendations

- Self-acceptance of diversity of height is likely to develop with age, as the permanent nature of height is realized. However, it is recommended that others in society avoid the assumption that a very tall/extremely tall young person will feel at ease and positive about his/her stature.
- Strategies which may assist with body image may include dressing to a look which signifies self-acceptance of tallness. Broadness, alongside tallness may ease self-image for taller men. The wearing of small heel shoes for women may be a reluctant or welcomed strategy for managing tallness.
- It is recommended that others in society avoid commenting on the tallness of the very tall/extremely tall young person. If it is a topic open for discussion, the very tall/extremely tall young person will initiate conversation.
- The Tall Zone is an effective strategy to enhance psychological well-being. It offers support and familiarity of stature. Young people with a very tall/extremely tall stature may choose occupations for which they are likely to meet others of a similar stature to promote a sense of support and belonging.
- Certain occupations may be avoided by very tall/extremely tall young adults due to the occupational form requiring them to adopt a standing posture, which subsequently means they will stand out amongst others engaging in the occupation.
- The use of impression management strategies may be adopted by very tall/extremely tall young people, to highlight other aspects of their identity to others in an attempt to reduce association of tallness to individual (personhood – outer facing) identity.
- It is important for others in society to look beyond the obvious (tallness) and seek out other aspects of the very tall/extremely tall young person's identity that they wish to be identified by.
- 'Playing to the Strengths' of tallness may be a strategy adopted by very tall/extremely tall young people, whereby occupations are chosen for which tallness is seen to be a positive attribute. Subsequent engagement in such occupations

is likely to promote acceptance of the tall stature, and thus enhance psychological and social well-being.

- Conversely, very tall and extremely tall young people may avoid engaging in occupations which are associated positively with tallness, as a strategy for gaining autonomy over the management of their stature in everyday life.
- Managing reactions of others in society will be a regular occurrence for young people with very tall/extremely tall stature. This can impact on psychological well-being, particularly if reactions are negative and discriminatory. Young people may avoid certain occupations to reduce the volume of reactions. Other strategies which may be adopted include use of humour and effective communication, to diffuse potentially unpleasant situations and ignoring negative and discriminatory comments. The support of others is helpful and welcomed, and may come from the Tall Zone or others of a smaller stature close to the very tall/extremely tall young person and witnessing unpleasant behavior and comments.
- At present tall stature is not listed as one of the protected characteristics in the Equality Act 2010, part 2, chapter 1, section 4 and hence unsuitable physical workplace environments, and specific work role requirements which exclude very tall and extremely tall young adults cannot be viewed under the Act to be limiting opportunity. The present study has highlighted that those with extreme tallness of height experience occupational injustice and it is recommended that height be included in future equality legislation.
- Poor posture, such as slouching and dipping the hip in standing, and poor sitting posture, can result in musculo-skeletal problems, such as back, hip and knee pain. It is therefore recommended that very tall/extremely tall young people are encouraged to maintain well aligned sitting and standing postures. Strategies to assist may include sitting in social gatherings if possible to avoid slouching, to be a little nearer to the eye level of others. Adapting the built environment such as raising heights of surfaces, altering furniture to promote a healthy posture, gaining a seating environment that fits and provides adequate leg room are likely to enhance physical well-being. Many of these compensatory and adaptive strategies are likely to incur greater financial expense, which may impact on financial well-being.



Additional strategies shared in the present study for the prevention of back pain include swimming, gym work and Pilates. For those with a height that necessitated flexion to move through doorways, a strategy of consciously re-adjusting the posture (the 'power duck') is seen to be advantageous.

- The ill-fit of the built physical environment, can, within the remit of the Social Model of Disability, engender a feeling of being dis-abled for those with a very tall and extremely tall stature; that the world is not built for the taller person. Objects that do not fit within occupations, can reduce self-esteem and impact on psychological well-being. The concept of Universal Design is recommended as a solution to enhance the accessibility of the environment for the very tall/extremely tall young person and maximise potential for successful occupational engagement and performance.

## **7.6 Limitations of the Present Study**

The methodology and methods chapter has provided a detailed account of the methodological approach, study design and methods utilised to undertake the study. This section provides a summary of limitations, with signposting back to the relevant sections of the Methodology and Methods chapter for specific detail.

The study sample had strength in terms of spread of ages and an almost equal balance of women and men, but there were some representation limitations. The ethnicity of participants was not diverse; only one participant was from an ethnic minority background. In addition, of the participants who discussed the subject of partners (twelve of the fourteen participants) all expressed that they were aligned to heterosexual partnerships. All participants had successful career paths either from a professional, managerial or self-employed perspective. From the past history narrative gained, the participants had received higher education. Therefore, the stories of the participants came from a majority white, heterosexual, highly educated and successful career perspective. This does not impact on the strength of the findings, but does have some bearing on the representativeness of the sample.

The data collection method of interview enabled relevant, deep rich data to be collected. Due to the exploratory nature of the little known study topic, the researcher had planned to carry out unstructured interviews within the first phase of the study. A rationale for this approach to data collection is provided within the 3.4.3 Data Collection section of Chapter Three on page 57. However, due to the use of some prompts by the interviewer to encourage dialogue at times when a topic of conversation had come to a natural end, the interviewer reflected on page 60 of the Methodology and Methods Chapter, (in section 3.4.3 Data Collection), that the data collection method of the first phase was more of a hybrid between the unstructured and semi-structured interview. This presents a slight limitation to the study design, as the remit for the unstructured interview was to empower the participant, to encourage dialogue in a way that was most comfortable for the participant and hence assist with relaxing the participant within the data collection milieu. As an experienced and skilful interviewer, the researcher continued to promote these elements within the first phase and also during the second phase of the study. Semi-structured interviews were planned and carried out in the second phase of the study, to enable the interview schedule to be guided by the results from the first phase. The interview with each study participant gathered relevant data, however the researcher critically reflects on whether the inclusion of an additional means of providing data, such as photo elicitation and diary extracts could have provided additional reserves for participants to draw from. One participant in Phase I of the study did refer to notes he had written, enhancing the breadth and depth of story sharing.

The researcher adopted a number of strategies to enhance the rigour of the research and Section 3.4.6 Strategies to Enhance Rigour provides detail of these in Chapter 3 Methodology and methods page 74 onwards. One such strategy to enhance credibility was member checking (Taylor 2007:93), which was discussed in Section 3.4.6.i page 75. Member checking of transcripts and preliminary analysis of data collected in Phase 1 of the study strengthened credibility of the data collection and preliminary analysis stage. The researcher, upon reflection on page 75, section 3.4.6.i, however, argued the limited level of benefit of member checking transcripts and this was not continued forward into Phase II. With regard to member checking the preliminary analysis, the researcher recognised that this complicated the hermeneutic cycle, as outlined in a reflection provided on page 70

within 3.4.5 Data Analysis/Synthesis. Each participant was being asked to consider the researcher's interpretation of the participant's interpretation of his or her experience by viewing the preliminary analysis. Larkin and Thompson (2012) support the view that member checking of analysis is not required within an IPA approach to research. The researcher subsequently did not continue forward with member checking of analysis. However, upon further reflection post study completion, the researcher considered that member checking of the preliminary analysis had the potential to extend the co-construction of meaning, which Lopez and Willis (2004) see as integral to interpretive phenomenology. This would therefore have been a positive opportunity for collaboration, which was not extended into the second Phase of the study and could this be considered a slight limitation in terms of methodological strength.

## **7.7 Areas for Further Research**

The present study has considered the experiences of managing everyday life and well-being from the perspectives of young UK very tall and extremely tall adults. Some of the findings from Phase I of the study have been published (Booth et al 2019). In addition, dissemination of the study findings has taken place through a number of conference presentations, see appendix 14, page 278 for details.

All participants in the study shared about their childhood and teenage years, which for many were challenging due to diversity of height amongst their peers. The impact on self-esteem and self-confidence was evident for some participants at that time. This would be an area of important future research; particularly as the pressure for social acceptance at this age is high (Cotterell 2007, Murray 2016), and the prevalence of mental ill health in children and young people is rising in the UK (Young Minds 2018).

The consideration of very tall and extremely tall stature from the perspective of people from an ethnic minority background requires further exploration, to consider if it is an aspect that influences racial discrimination. Recent media reports of harm to tall black men at the hands of others (BBC News 2020, Hackman 2016), resonates with a stereotypical view of aggression highlighted by a participant in the present study.

Participants in the present study were required to adapt and compromise to fit into an average height built/physical and social world. In addition, some occupational choice was restricted due to tallness of height. It would be valuable to discover how very tall and extremely tall people who also have a physical disability manage their everyday lives.

## Chapter 8: Conclusion

The present qualitative research study provided a unique perspective on the topic of tallness by interpreting the experiences of young UK adults with a very tall and extremely tall stature in relation to how they managed everyday life and well-being. Previous related qualitative research had been undertaken in America and focused on the experiences of tall women in relation to their height (Farman 2010) and social dynamics (Firmin et al 2012). The unique nature of the present study was three fold, it was based in the UK, it had added the voice of the very tall and extremely tall male young adult alongside the female voice, and had explored everyday life and well-being from an occupational perspective. As an occupational therapist and occupational scientist, the researcher considered everyday life to mean everyday occupations, and loosely delineated occupation into categories of work/productivity, self-care and leisure. The aspects of well-being of interest were physical, psychological, social and financial well-being. Fourteen participants took part in the study by engaging in an individual interview with the researcher to uncover rich deep data, which were analysed using interpretive phenomenological analysis.

Three main theories emerged from the key findings of the study, as shown in figure 4 in the discussion chapter. The first key theory developed from the findings within the study, was that tallness of stature influenced participants' choice of occupations and therefore the subsequent development of their occupational identity. The very tall and extremely tall young adults in the study chose to engage in occupations which were stereotyped in society to be advantageous for tall people. This was interpreted as a strategy that played to the strengths of height, to promote not only a feeling of belonging and social acceptance, but also to assist with self-acceptance of body stature. Occupations chosen were seen to be advantageous, celebrating tallness and offering opportunities. Such occupations included playing the team sports of basketball, netball, volleyball, rugby and football. An additional angle to the strategy of playing to strengths was the uptake of roles in social occupations for which tall height was an advantage; again, to play to strengths and indicating a use for very tall and extremely tall stature. The findings highlighted that tall stature provided opportunities within work occupations, to take on greater responsibility and authority, which were embraced. Playing to strengths could be viewed as conforming to societal

expectations, thus reinforcing stereotypical thinking about height. Most participants conformed, but there was some resistance by those who felt it disempowered them.

Tallness provided positive opportunities in relation to occupational choice for participants, however some participants experienced restrictions of choice in terms of certain work occupations for which tall height was a challenge. Occupations unavailable to participants included becoming a pilot, electrician or plumber due to environmental restrictions causing challenges to physical well-being. In addition, for one participant who worked in law enforcement, a specific area of work was not possible due to standing out around others in society. These examples of restriction of choice, could be considered as a form of occupational injustice in the form of occupational deprivation, due to the reasons for restriction being outside the control of the tall young person. Engagement in social occupations were restricted due to environmental limitations, for example physical environment restrictions on rides at theme parks, which had the potential to impact on the feeling of belonging. Some participants avoided standing events and occupations involving large numbers of people, as they felt uncomfortable and had experienced negative feedback. In this respect they were placing their own restrictions on choice of occupations.

The second theory to emerge from the study was the ill-fit of the social and physical, built environments which are designed for a more average height person. To manage everyday occupations, required daily compromise of stature in both sitting and standing for participants. Most participants experienced musculo-skeletal pain due to compromised postures such as bending and slouching which caused pressure and pain on the back. Asymmetrical standing posture with a dropped hip was adopted by some, and caused pain to the hip area. To try to reduce problems to physical well-being, participants used strategies such as exercises in the gym, swimming, Pilates, playing sports and consciously re-adjusting poor posture. Additional strategies considered included adapting home physical environments to cater for the taller stature and buying a property that would house larger furniture. Participants also bought bigger cars and most paid extra money for greater space when engaging in air travel. Adapting as a strategy had implications on financial well-being, as these solutions would incur greater financial outlay for the participants.

The poor fit with the physical environment, requiring the need for adaptation and compromise, brought forth the concept of being disabled by the environment, from the

perspective of the Social Model of Disability. To adapt and adjust, to try to avoid loss of occupational engagement in a physical environment which does not fit ergonomically with the very tall and extremely tall stature, suggests participants were being somewhat limited to the point of potentially being dis-abled and discriminated against by their environments. The experience of 'not fitting' extended to objects within the occupation of shopping for items such as clothes and shoes, requiring compromise as a consumer and adapting the purpose of some items, which had the potential to influence feelings of self-esteem.

Moving the concept of 'ill fit' into the social environment, the diversity of height resulted in participants standing out. Frequent comments about their stature from others in society, caused a number of emotions for participants, including frustration, irritation, anger, feelings of exhaustion and intrusion. Behaviour from others at times were aggressive, discriminatory and violating towards participants, indicating that heightism exists in relation to stature on the 99th percentile and above. Participants used a variety of strategies to protect their psychological and social well-being and to manage such reactions and behaviours. These included developing effective communication skills and humour to defuse situations, ignoring comments and also gaining support from others, including tall people in their lives. The latter strategy was interpreted to be the Tall Zone and was discovered to have a number of layers, all of which could be supportive to the taller young UK adult navigating through the daily social environment. Participants suggested that choosing occupations for which height was seen to be an advantage, such as basketball, opened opportunities to meet other tall people, and was a strategy adopted to help develop effective Tall Zones. Not only did occupational choice, to play to the strengths of height, develop the occupational identity of participants, but it also secured a social identity amongst others who were a similar height.

The study provided the opportunity for participants to talk in detail about their tall stature to a researcher who is also extremely tall and who has an insider perspective. Alongside discussion regarding managing everyday life within a world which is built for the average height and navigating social situations, came the conversation about acceptance of diversity of stature. Such a conversation was eased by the presence of an auto-biographical researcher who was able to enter into the familiar world of the participant. Acceptance of diversity of stature by self and others was the third theory to emerge from the study's

findings. To accept one's very tall or extremely tall stature was found to be essential for psychological well-being. The journey to self- acceptance was most challenging in adolescence where the experience of being different to peers caused bullying to occur for some in the study. A desire to be smaller than their tall stature was a feeling that occurred during teenage years and stayed with some as they entered into adulthood. As adults, all participants celebrated tallness and would wish to remain tall, but the majority would prefer to be slightly less tall. A threshold for tallness was discovered in terms of ease of management in relation to the social and physical environment. Going beyond that threshold triggered unconscious bias from others with resultant conversations and behaviours, which required management by participants. In addition, the physical environment became more challenging to negotiate and discriminatory when tallness exceeded the threshold.

Being very tall and extremely tall impacted on the self-confidence of many in the study, particularly when in teenage years. As participants had become older, self-acceptance of tallness had occurred, mainly due to the realisation that their height was permanent, and could only be slightly altered through poor posture. For the men in the study, tallness was an overall positive part of their personhood, the outward facing part of their self-identity, a unique aspect of themselves. For the women in the study, being very tall and extremely tall brought opportunities within the workplace, but was a challenge to the expectations in society of the body structure of a woman. This resulted in strategies adopted to try to adhere to societal expectations, including slouching to slightly reduce height, not wearing shoes with heels to avoid accentuating height, and choosing male partners, for those in heterosexual relationships, who were taller than them. One participant who was extremely tall and black, had experienced additional challenges of managing stereotypical thoughts and behaviours from those who perceived tall, black people to be aggressive. This participant consciously adapted a social manner to ensure this discriminatory view was not reinforced. Tallness, along with gender and ethnicity, was a form of identification, and whilst all participants accepted that tallness was part of the personhood, most participants did not see their height as a major aspect of their selfhood, their inner identity. They all pursued opportunities to show others that there was more to them than their tallness, promoting other facets of their inner identity.



This study has shown that whilst Western society celebrates tallness as a positive, it can bring challenges to those who are very tall and extremely tall. Further research is warranted, specifically in relation to how tall black men and women navigate daily life. Additional research is also recommended to explore the experiences of very tall and extremely tall adolescents. This study has shown that to stand out amongst peers at this age brings challenges, at a time when fitting in is so important. This, coupled with the knowledge that mental ill-health in young people is rising, demonstrates the need to discover how those in adolescence with very tall and extremely tall stature manage their everyday lives.

An area suggested for further research is within the concept of whether society is perceived to dis-able very tall and extremely tall people. Two participants raised this as a suggestion through the lens of the Social Model of Disability. All participants within the present study were able bodied, they were only limited in occupational engagement and performance due to restrictions placed on them from the physical and social environment. As an occupational therapist, the researcher would be interested to explore the concept of disability and tallness further. The perspective of the Social Model of Disability has been voiced in the present study and would warrant further exploration, particularly in relation to change required in society to reduce experience of disability for those with diversity of stature. Finally, from the perspective of the Medical Model of disability, engaging in everyday occupations for extremely tall people who have an accompanying physical disability or mental health condition, may add a layer of complexity when striving for well-being and life satisfaction. Research into experiences of extremely tall people who have a physical disability or mental health condition, is recommended to ensure celebrations, needs and strategies are highlighted and addressed.

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